

Case Number:	CM15-0107913		
Date Assigned:	06/15/2015	Date of Injury:	01/30/2012
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old female, who sustained an industrial injury on 01/30/2012. She has reported injury to the right knee and low back. The diagnoses have included right knee pain; chronic low back pain; multiple herniated nucleus pulposus of the lumbar spine; facet arthropathy of the lumbar spine; chronic neck pain; and right hip arthralgia. Treatment to date has included medications, diagnostics, bracing, lumbar transforaminal epidural steroid injection, acupuncture, chiropractic therapy, and home exercise program. Medications have included Norco, Flexeril, Aleve, Ultracet, and Norflex. A progress note from the treating physician, dated 04/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain, with no significant changes; aching pain to her neck, with radiation of numbness and tingling to the bilateral upper extremities extending down to the fingertips, right greater than left; neck pain is rated at a 6/10 on the visual analog scale; notes occasional popping and cracking of the neck; the back pain is described as stabbing, aching, and pins and needles to the low back; muscles spasms in the low back; radiation of numbness, burning, pain and needles to the right lower extremity extending down to the toes; the back pain is rated at a 7/10 on the pain scale; and Norco helps to decrease pain by 80% and improves walking. Objective findings included using a lumbar brace; gait is mildly antalgic; no tenderness today to palpation of the lumbar spine at midline or bilateral paraspinals; no lumbar spasms noted on exam today; lumbar spine range of motion is decreased in all planes; decreased sensation to the right L4 and L5 dermatomes; straight leg raise on the right reproduces pain in the ankle; and

positive slump test on the right. The treatment plan has included the request for Diclofenac Sodium ER 100mg #60; and Norco 7.5mg/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diclofenac Sodium ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Diclofenac.

Decision rationale: The injured worker sustained a work related injury on 01/30/2012. The medical records provided indicate the diagnosis of right knee pain; chronic low back pain; multiple herniated nucleus pulposus of the lumbar spine; facet arthropathy of the lumbar spine; chronic neck pain; and right hip arthralgia. Treatment to date has included medications, diagnostics, bracing, lumbar transforaminal epidural steroid injection, acupuncture, chiropractic therapy, and home exercise program. The medical records provided for review do not indicate a medical necessity for Diclofenac Sodium ER 100mg #60. Diclofenac is an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the short term treatment of moderate to severe pain. The Official Disability Guidelines recommends against the use of Diclofenac as a first line medication due to its many side effects. Therefore the request is not medically necessary.

Norco 7.5mg/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 01/30/2012. The medical records provided indicate the diagnosis of right knee pain; chronic low back pain; multiple herniated nucleus pulposus of the lumbar spine; facet arthropathy of the lumbar spine; chronic neck pain; and right hip arthralgia. Treatment to date has included medications, diagnostics, bracing, lumbar transforaminal epidural steroid injection, acupuncture, chiropractic therapy, and home exercise program. The medical records provided for review do not indicate a medical necessity for Norco 7.5mg/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain

control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate there have been talks of weaning the injured worker of this medication since 12/2014. The injured worker is not well monitored for pain control and activities of daily living. There is no evidence that pain level and functional improvement are being compared to baseline levels as recommended by the MTUS. The request is not medically necessary.