

Case Number:	CM15-0013731		
Date Assigned:	02/02/2015	Date of Injury:	05/14/2007
Decision Date:	04/07/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a female injured worker who sustained an industrial injury on May 14, 2007. She has reported injury to her lower back. The diagnoses have included L4-L5 and L5-S1 stenosis, depressive disorder and gastrointestinal complaints. Treatment to date has included intramuscular injection, epidural injection and medication. Currently, the injured worker complains of persistent low back and left foot pain. The pain was described as an aching with numbness and was rated a 7 on a 1-10 pain scale. Prolonged standing and walking increased the pain. She reported her Flexeril, Norco and Ambien medication to help her. On December 24, 2014 Utilization Review non-certified Norco 10/325mg #90 and Voltaren cream 100mg, noting the CA MTUS and Official Disability Guidelines. On January 23, 2015, the injured worker submitted an application for Independent Medical Review for review of Norco 10/325mg #90 and Voltaren cream 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg one po q6 prn #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg one po q6 prn #90 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco 10/325mg one po q6 prn #90.

Voltaren cream 100mg apply tid prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Voltaren cream 100mg apply tid prn is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The request does not indicate to which body part Voltaren will be applied. Voltaren is not indicated for the spine. The documentation does not indicate inability to take oral medications. The request for Voltaren is not medically necessary.