

Case Number:	CM15-0131934		
Date Assigned:	07/20/2015	Date of Injury:	04/02/2014
Decision Date:	09/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 48-year-old female who sustained an industrial injury on 04/02/2014. Current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, lumbago, sciatica, spondylosis of unspecified site without myelopathy, gastritis, and neuropathic pain. Previous treatments included medications, physical therapy, epidural injection, and home exercises. Report dated 05/29/2015 noted that the injured worker presented with complaints that included increasing lower back pain with radiation to the right leg with associated tingling. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased range of motion with pain, spasms and twitching, tenderness, and paresthesias in the bilateral L2 and right L1 dermatomes. The treatment plan included requests for TENS unit for lumbar spasms and pain, request for bilateral L2-3 and right L4-5 transforaminal epidural steroid injection, start Percocet for chronic pain and diclofenac for inflammation, and follow up in 4 weeks. Currently the injured worker is not working. Disputed treatments include Percocet and diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 70.

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

Decision rationale: CA MTUS states that short-acting opioids such as Percocet are indicated for intermittent or breakthrough pain. Ongoing review and documentation of opioid use requires discussion of pain relief, functional status, appropriate medication use and adverse effects. In this case, there is no documentation submitted to indicate the patient's use, progress and response to opioids. There is no evidence of non-opiate pain control. Ongoing opioids also require pain relief and increased function allowing the patient to return to work. This patient remains off work. Therefore, for the above reasons, the request for Percocet is deemed not medically necessary.

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 71.

Decision rationale: CA MTUS states that Diclofenac (Voltaren) is an NSAID approved for mild to moderate musculoskeletal pain and osteoarthritis. It is not recommended as a first-line agent due to its increased risk profile. It has similar cardiovascular risks as Vioxx, which was removed from the market. In this category, Naproxen is a much safer alternative drug. NSAIDs are in general recommended at the lowest dose for the shortest period of time. In this case, consideration should be given to discontinuing diclofenac for the lower risk Naproxen if continued NSAID use is warranted. The request for Diclofenac is not medically necessary or appropriate.