

Case Number:	CM15-0181169		
Date Assigned:	09/22/2015	Date of Injury:	03/19/2001
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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:

The injured worker is a 59 year old female, who sustained an industrial-work injury on 3-19-01. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, cervical discogenic pain, and cervical disc disorder and muscle spasm. Medical records dated (1-29-15 to 7-16-15) indicate that the injured worker complains of cervical neck pain rated 7-8.5 out of 10 on pain scale with use of medications and rated 10 out of 10 on pain scale without medications. The pain has remained unchanged. The sleep quality is also reported as being poor. The physician indicates that medications allow for self-care and independent living and that function and activities of daily living (ADL) improved optimally on current doses of medications. Per the treating physician report dated 7-16-15 the injured worker has not returned to work. The physical exam dated (5-21-15 to 7-16-15) reveals restricted cervical range of motion limited by pain. There is cervical tenderness to palpation and tight muscle band is noted both sides. There is tenderness noted at the paracervical muscles, rhomboids and trapezius. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity. The light touch sensation is decreased over the forearm on both sides. Treatment to date has included pain medication, Norco since at least 1-29-15, Voltaren gel since at least 1-29-15, physical therapy, off of work, and other modalities. The treating physician indicates that the urine drug test results dated 2-2-15 and 5-27-15 were consistent with the medication prescribed. The request for authorization date was 8-25-15 and requested services included Norco 10-325mg #224 with 1 refill and Voltaren gel 1% #1 with 5 refills. The original Utilization review dated 8-28-15 modified the request for Norco 10-325mg #224 with 1 refill modified to Norco 10-325mg #180 with no refill for weaning of 10 percent reduction. The request for Voltaren gel 1% #1 with 5 refills was non-certified as none of the records indicate any reason why oral Non-steroidal anti-inflammatory drugs cannot be used in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #224 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Norco 10/325mg #224 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a 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 reveals that the patient has been on long-term opioids without significant evidence of increase in function therefore the request for continued Norco is not medically necessary.

Voltaren gel 1% #1 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Endo Pharmaceuticals/ Novartis; Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Voltaren gel 1% #1 with 5 refills is not medically necessary per the MTUS Guidelines. The MTUS recommends topical NSAIDs for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. 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 MTUS does not support long term use of topical NSAIDs therefore the request for 5 refills is not appropriate. Furthermore, the patient suffers from spine pain for which Voltaren is not indicated topically. This request is not medically necessary.