

Case Number:	CM15-0200583		
Date Assigned:	10/19/2015	Date of Injury:	02/28/2006
Decision Date:	12/07/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 2-28-2006. The injured worker is undergoing treatment for: left carpal tunnel left upper extremity pain. On 8-6-15, and 9-3-2015, she reported low back pain rated 8 out of 10. She is noted to have post-poned having a trial of a cervical spinal cord stimulator due to work. She indicated there were no changes to her condition since her last visit. Physical examination revealed "no significant changes noted". The treatment and diagnostic testing to date has included: medications, left carpal tunnel release (date unclear), urine drug screen (9-3-15) reported to be consistent; CURES (9-3-15) reported to be consistent. Medications have included: Butrans, Norco, Motrin, Lyrica, and Diclofenac. She indicated stopping Butrans on her own due to a yeast infection. The records indicate she has been utilizing Norco and Diclofenac since at least March 2015, possibly longer. Current work status: She is noted to be working, however it is unclear if this is full time or modified. The request for authorization is for: monthly office visit, Norco 10-325mg six times daily quantity 180, and Diclofenac ER 100mg twice daily quantity 60 with 2 refills. The UR dated 9-16-15: non-certified Norco 10-3235mg six times daily quantity 180, Diclofenac ER 100mg twice-daily quantity 60 with 2 refills, and modified certification of monthly office visits x1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly office visit: 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), Pain Chapter - Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS recommends ongoing office visits for monitoring patients prescribed opioids for chronic pain. However, the number of such visits necessary into the future cannot be determined in advance. Thus while a follow-up visit is appropriate, a specific number of future visits or indefinite future visits are not supported by the treatment guidelines. Thus as written, this request is not medically necessary.

Norco 10/325mg six times daily #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Diclofenac ER 100mg twice daily #60 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review concluded that this medication is not medically necessary due to its chronic use. However MTUS does support ongoing NSAID use if the physician documents continued benefits outweighing risks. Additionally this medication class is a first-line recommendation when opioids have been recommended for taper and discontinuation, as in this case. For these reasons the requested medication is supported by the treatment guidelines and is medically necessary.

