

Case Number:	CM15-0205852		
Date Assigned:	10/22/2015	Date of Injury:	05/26/2010
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 38 year old male, who sustained an industrial injury on 5-26-2010. Diagnoses include lumbar disc protrusion with radiculopathy, status post lumbar fusion on 9-19-14. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and lumbar nerve blocks. The records documented Norco 5-325, one tablet four times daily, had been prescribed since at least 3-4-15. On 3-17-15, the record indicated Butrans patches had been weaned and were discontinued. The provider ordered Norco 10-325mg to allow for physical therapy sessions; however the records were not clear if the increased dose was obtained, administered, or effective. On 5-12-15, Zorvolex 35mg twice a day was initiated and the Norco (dose not documented) was decreased from four tablets daily to three tablets daily. On 9-10-15, he reported ongoing low back pain. The pain level reported was not documented. The records indicated some improvement in range of motion and decreased left lower extremity symptoms status post lumbar fusion and physical therapy sessions. The record documented he had requested refills on Norco and Zorvolex; however the record did not specify dose or frequency, and did not document objective data to support medication efficacy or increased functional ability with use. The physical examination documented tenderness with palpation to lumbar muscles. The plan of care included prescriptions to refill Norco and Zorvolex, dose and frequency not documented. The appeal requested authorization for "Unknown prescription of Norco" and "Unknown prescription of Zorvolex". The Utilization Review dated 9-18-15, denied the request for Zorvolex and modified the request for Norco to allow for Norco 5-325mg tablets, #37.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Norco: 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 for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Also there is no quantity or directions specified in the request. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Unknown Prescription of Zorvolex: Upheld

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. However there is no quantity or directions specified. Therefore the request is not medically necessary.