

Case Number:	CM15-0222330		
Date Assigned:	11/18/2015	Date of Injury:	10/28/2014
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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

Certification(s)/Specialty: Emergency 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 44 year old female, who sustained an industrial injury on 10-28-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain with right lower extremity radiculopathy and status post L5-S1 laminectomy-discectomy (2013). According to the progress report dated 10-12-2015, the injured worker presented with complaints of constant, moderate low back pain with right lower extremity radicular pain to the level of her foot. On a subjective pain scale, she rates her pain 6-7 out of 10. The physical examination of the lumbar spine reveals tenderness over the paraspinal muscles with spasm, restricted range of motion, decreased (patchy) sensation in the right L5-S1 dermatome, and positive straight leg raise test on the right. The current medications are Norco (since at least 6-3-2015), Pamelor, and Voltaren (since at least 7-27-2015). Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (11-2-2015) had non-certified a request for Norco 7.5-325mg #60 and Voltaren XR #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Qty 60: Upheld

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

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

Decision rationale: The requested Norco 7.5/325 mg Qty 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant, moderate low back pain with right lower extremity radicular pain to the level of her foot. On a subjective pain scale, she rates her pain 6-7 out of 10. The physical examination of the lumbar spine reveals tenderness over the paraspinal muscles with spasm, restricted range of motion, decreased (patchy) sensation in the right L5-S1 dermatome, and positive straight leg raise test on the right. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 7.5/325 mg Qty 60 is not medically necessary.

Voltaren XR 100 mg Qty 30, (retrospective DOS 10/12/15): Upheld

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

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

Decision rationale: The requested Voltaren XR 100 mg Qty 30, (retrospective DOS 10/12/15), is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has constant, moderate low back pain with right lower extremity radicular pain to the level of her foot. On a subjective pain scale, she rates her pain 6-7 out of 10. The physical examination of the lumbar spine reveals tenderness over the paraspinal muscles with spasm, restricted range of motion, decreased (patchy) sensation in the right L5-S1 dermatome, and positive straight leg raise test on the right. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Voltaren XR 100 mg Qty 30, (retrospective DOS 10/12/15) is not medically necessary.

