

<b>Case Number:</b>	CM15-0049685		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Arizona, California  
 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 55 year old female, who sustained an industrial injury on 1/10/05. She reported a fall that resulted in pain to her neck, hands, hips and knees. The injured worker was diagnosed as having chronic post-operative pain; migraine headaches without aura; post laminectomy syndrome; osteoarthritis lower leg and forearms; cervical spondylosis without myelopathy; bilateral cervical radiculopathy. Treatment to date has included status post anterior cervical discectomy/fusion (2008); physical therapy; acupuncture; cervical epidural steroid injections of benefit (1/10/12); cervical medial branch block facet nerve radiofrequency ablation at C3, C4 and C5 with 0% improvement of pain (10/9/14); bilateral total knee arthroplasties (2012). Currently, per PR-2 note dated 12/18/14, the injured worker complains of continued neck, migraines, wrist, bilateral knee pain and financial stress due inability to pay for denied medications. The injured worker has a clinical history of gastric by-pass surgery and unable to take NSAIDs although documentations indicate she has been able to take Diclofenac. Provider recommended these medications for ongoing pain: Norco 10/325 MG #120 with 2 Refills and Diclofenac Sodium 75 MG #60 with 2 Refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #120 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 3 years. Pain scores ranged from 4-7/10. The pain response is unknown with or without Norco. Tylenol or weaning failure is not noted. The continued and chronic use of Norco is not medically necessary.

**Diclofenac Sodium 75 MG #60 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Diclofenac for over 3 years in combination with opioids despite inability to taking NSAID after gastric bypass. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Diclofenac is not medically necessary.