

Case Number:	CM15-0052815		
Date Assigned:	03/26/2015	Date of Injury:	01/11/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 11, 2013. In a Utilization Review report dated March 4, 2015, the claims administrator failed to approve a request for oral Norco and topical Voltaren gel. A RFA form received on February 25, 2015 was referenced in the determination, along with various progress notes in late 2014 and early 2015. The applicant's attorney subsequently appealed. In a RFA form dated February 19, 2015, repeat epidural steroid injection, six additional sessions of acupuncture, Norco, Voltaren gel, Desyrel, Colace, lidocaine patches were endorsed. In an associated progress note of the same date, February 19, 2015, the applicant reported ongoing complaints of low back pain, neck pain, and headaches with derivative complaints of sexual dysfunction. The attending provider suggested that the applicant pursue a repeat epidural steroid injection. Norco, Voltaren gel, Desyrel and Ambien were renewed without any explicit discussion of medication efficacy. The applicant was off of work, it was acknowledged. The attending provider also stated that the applicant's issues had worsened overall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7 - When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting Opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on February 19, 2015, despite ongoing usage of Norco at rate of six tablets daily. The applicant's pain complaints were worsened on that date. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

Voltaren gel 4gm #1: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a widespread region not readily amenable to topical application. The attending provider did not furnish a clear or compelling rationale for usage of Voltaren for the spine in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.