

Case Number:	CM15-0058060		
Date Assigned:	04/02/2015	Date of Injury:	01/28/2012
Decision Date:	05/01/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/26/2015

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 (IW) is a 47 year old Male who sustained an industrial injury on 01/28/2012. He reported pain in the left knee, left foot, and left ankle. The injured worker was diagnosed as having degenerative changes at the medial joint line; left ankle sprain; left great toe sprain and metatarsalgia with history of childhood traumatic amputation of the left second to fourth toes; lumbar spine musculoligamentous sprain /strain with a five-millimeter disc protrusion at L4-L5 with mild degenerative facet hypertrophy and a three-millimeter disc bulge at L5-S1 with mild facet hypertrophy with multilevel degenerative disc disease, per MRI scan dated April 4, 2012; X-rays of the left toe dated January 20, 2014 revealing osteoarthritis at metatarsophalangeal joint of the first toe. Treatment to date has included medications. Currently, the injured worker complains of low back pain without radiculitis, left knee pain, and left ankle pain. All symptoms increase with weight bearing. He has had long term use of Norco, Voltaren, and Norflex. Surgery on the left 1st metatarsophalangeal joint has been recommended but the worker is not electing to carry through with it at this time. A request for authorization is submitted for Norco 5/325mg #60, Voltaren gel, and Norflex 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, When to continue Opioids, Weaning of medications.

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 several months without recent documentation in pain scores (last one was 5-7/10 in 9/2014). Tylenol failure was not noted. The continued use of Norco is not medically necessary.

Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months in combination with Norco and Norflex. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Muscle relaxants such as Norflex may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish

over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Norflex for over 4 months in combination with Norco. Pain levels were not consistently documented. Continued use of Norflex is not medically necessary.