

Case Number:	CM15-0058994		
Date Assigned:	04/03/2015	Date of Injury:	06/25/2008
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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: Physical Medicine & Rehabilitation

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 41-year-old male injured worker suffered an industrial injury on 06/25/2008. The diagnostics included cervical magnetic resonance imaging, upper extremity electromyographic studies/nerve conduction velocity studies. The diagnoses included cervical spine fusion, inguinal hernia and depression. The injured worker had been treated with acupuncture, medications and home exercise program. On 2/17/2015, the treating provider reported constant moderate headaches 4 to 5/10 with moderately severe neck pain 6/10 with radiations to the shoulders and down the left arm. Also reported was slight to mild low back pain 3/10 with radiations to the right leg along with numbness and tingling. The treatment plan included Voltaren, Fiorinal and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Volteren XR 100 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The patient presents with pain and weakness in his neck and upper extremity. The request is for Voltaren XR 100MG #30. Per 02/17/15 progress report, the patient is currently taking Norco, Voltaren, Fiorinal and topical creams. The patient is currently working with full duty. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. In this case, the patient has been utilizing Voltaren since 09/08/14. None of the reports indicate this medication's efficacy. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. None of the reports do not indicate whether the patient has utilized other NSAIDs or not. The request IS NOT medically necessary.

Florinal #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Drug Formulary chapter and topic 'Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The patient presents with pain and weakness in his neck and upper extremity. The request is for Fiorinal #60. Per 02/17/15 progress report, the patient is currently taking Norco, Voltaren, Fiorinal and topical creams. The patient is currently working with dull duty. ODG Guidelines, Drug Formulary chapter and topic 'Barbiturate-containing analgesic agents (BCAs)', states that BCAs is "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) "In this case, the patient has been on Fiorinal since at least 09/08/14. The 11/18/14 reports states "the patient is on Fiorinal without relief." The patient is suffering from chronic neck and low back pain, and ODG guidelines do not recommend this medication in such cases due to high dependency. The request IS NOT medically necessary.

Norco 10/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with pain and weakness in his neck and upper extremity. The request is for Norco 10/325MG #30. Per 02/17/15 progress report, the patient is currently taking Norco, Voltaren, Fiorinal and topical creams. The patient rates his headaches pain as 7/10 and low back pain as 2-3/10. The patient is currently working with full duty. The patient has been utilizing Norco since at least 09/08/14. The patient underwent urine drug screens on 10/07/14 and 01/13/15 with consistent results. MTUS Guidelines pages 88 and 89 states, " Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours."In this case, the patient had two urine drug screens conducted on 10/07/14 and 01/13/15 and he was consistent with his prescribed medications. The treater doesn't discuss all 4 A's as required by MTUS guidelines. The patient is working which satisfies the ADL portion of the four A's. There are no before and after pain scales to show analgesia, however. No validated instruments are used to show functional improvement. None of the reports discusses pain assessment or outcome measures, which include current pain, average pain, least pain, intensity of pain after taking the opioid. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.