

Case Number:	CM15-0232259		
Date Assigned:	12/07/2015	Date of Injury:	08/14/2014
Decision Date:	01/13/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/25/2015

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: New York, West Virginia, Pennsylvania
 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:

This is a 64 year old male with a date of injury on 8-14-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discopathy, cervical radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy and bilateral knee sprain-strain. According to the progress report dated 10-15-2015, the injured worker complained of neck, back and bilateral knee pain rated 8 out of 10. The pain was unchanged since the last visit. He stated that medications were helping with pain. The injured worker reported that he was admitted to the hospital for attempting suicide. The physical exam (10-15-2015) revealed a wide based gait. There was tenderness to palpation and spasm over the cervical paraspinal muscles. There was facet tenderness to palpation at the C4 through C7 levels. There was decreased sensation along the C5 and C6 dermatomal distributions bilaterally. There was diffuse tenderness to palpation over the lumbar paraspinal muscles. Treatment has included medication. Current medications (10-15-2015) included Norco, Voltaren, Fexmid and Protonix. The request for authorization was dated 11-2-2015. The original Utilization Review (UR) (11-9-2015) denied requests for Norco, Voltaren and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.

Voltaren 100 mg qty 60: Upheld

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

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

Decision rationale: Guidelines recommend NSAIDs for treatment of osteoarthritis at the lowest effective dose for the shortest period of time. In this case, there is a lack of evidence that this medication is providing any specific analgesic benefits or any objective functional improvement. The request for Voltaren 100mg #60 is not medically appropriate or necessary.

Fexmid 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence of functional improvement of analgesic benefit with Fexmid. The request for Fexmid 7.5 mg # 60 is not medically appropriate or necessary.