

Case Number:	CM14-0120045		
Date Assigned:	09/16/2014	Date of Injury:	05/26/2009
Decision Date:	10/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male who was injured on May 26, 2009. The most recent progress note dated 6/11/14, reveals complaints of head and neck range of motion produces pain, discomfort, and limited mobility. Left sided sciatica, spasm, and significant range of motion was also documented. The diagnoses listed as sprain of neck (847.0). Physical examination of the thoracic spine revealed tenderness to palpation in the upper, mid, and lower paravertebrals muscles with limited range of motion (ROM); lumbar spine showed well healed tender posterior scar without signs of infection, tenderness to palpation, limited lumbar ROM, increased pain with lumbar ROM, positive straight leg raising, decreased sensation in bilateral lower extremities in the S1 nerve distribution, without any evidence of motor weakness or reflex asymmetry. Prior treatment includes anterior cervical discectomy and fusion (ACDF), medications, postoperative physical therapy, and home exercise program. Current medications include Norco 5/325 milligrams, Flexeril, and Voltaren (extended release) XR 100 milligrams. A prior utilization review determination dated 7/3/14 resulted in denial of 60 Tablets of Diclofenac 100 milligrams and 60 Tablets of Norco 5/325 milligrams.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Diclofenac 100mg: 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 of 127.

Decision rationale: According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (I.e. VAS) or function with continuous use. In the absence of objective functional improvement, the medical necessity for Diclofenac has not been established.

60 Tablets of Norco 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74.

Decision rationale: Norco is classified as short-acting opioid, and is indicated for moderate to severe pain. It is often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of return to work. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.