

Case Number:	CM14-0129938		
Date Assigned:	09/16/2014	Date of Injury:	09/12/1997
Decision Date:	10/23/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 47-year-old female who reported an injury on 09/12/1997 caused by an unspecified mechanism of injury. The injured worker's treatment history included topical medications and oral medications. The injured worker was evaluated on 06/26/2014 and it was documented that the injured worker complained of back spasms that had been less frequent. The injured worker was using Vicodin daily. Pain with medication was rated at 3/10 to 4/10 and without medication as unknown, but significantly higher. The injured worker had managed her symptoms of intermittent spasms, prophylactic?) Treatment was continued. The injured worker stated that medications had facilitated (facilitated?) functional improvement, playing soccer with her son, and being mobile and doing chores around the house. Medications included Vicodin and Voltaren topical gel. The diagnoses included sciatica, shoulder pain, low back pain and thoracic pain. The Request for Authorization dated 07/10/2014 was for Voltaren 1% gel and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no urine drug screen submitted for opioid compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as home exercise regimen or long-term functional goals for the injured worker. The request submitted for review failed to include frequency and duration of medication. As such, the request for Norco 10/325 mg #90 is not medically necessary

Voltaren topical gel 1% #100 x2 refills: Upheld

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

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines state that Voltaren gel 1% (Diclofenac) is recommended 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. The documents submitted lacked outcome measurements of pain medication management and a home exercise regimen. In addition, the request lacked frequency, dosage, duration, and location where the medication is supposed to be applied for the injured worker. As such, the request for Voltaren topical gel 1% #100 X 2 refills is not medically necessary.