

Case Number:	CM14-0141332		
Date Assigned:	09/10/2014	Date of Injury:	06/04/2001
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 54-year-old female who reported an injury on 06/04/2001 caused by an unspecified mechanism. The injured worker's treatment history included medications, drug tests, physical therapy, and MRI studies. The injured worker was evaluated on 08/21/2014 and it was documented the injured worker had recurrent back and leg spasms at night, resolved right foot pain, and increased pain related to multiple oral surgeries. Objective findings included a mild left antalgic gait pattern. Diagnoses included spondylosis without myelopathy, degeneration of the lumbosacral intervertebral disc, chronic pain, displacement of lumbar intervertebral disc without myelopathy, and long term drug therapy. Medications included Norco 10/325 and Voltaren 1% gel. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request Norco 10/325 mg #140 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. The provider failed to indicate pain relief using VAS scale measurements before and after the injured worker taking Norco. There was lack of documentation of long term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. Given the above, the request for Norco 10/325 mg #140 is not medically necessary.

Voltaren 1% #5 100gm: Upheld

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

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 medication management and a home exercise regimen. In addition, the request lacked frequency, duration, and location where the medication is supposed to be applied for the injured worker. Given the above, the request for Voltaren 1% # 5 100gm is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for Urine Drug Screen is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids and ongoing management; opioids, differentiation: dependence and addiction; opioids, screening for risk of addiction (tests); and opioids, steps to avoid misuse/addiction. The provider indicated the urine drug screen was for medication compliance; however, there was no indication of how long the injured worker has been on opioids. The guidelines recommend urine drug screen once a year. Given the above, the request for Urine Drug Screen is not medically necessary.