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| Case Number: | CM14-0099976 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 02/03/2013 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 44 year old male was reportedly injured on February 3, 2013. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated May 8, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation, negative straight leg raise, and a decrease in lumbar spine range of motion. Diagnostic imaging studies were not referenced in this progress note. Previous treatment included multiple medications, epidural steroid injections and other pain management interventions. A request was made for multiple medications and was not certified in the preauthorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for

intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) Guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or reported functionality with the current regimen. As such, this request for Norco 2.5/325mg #60 is not medically necessary.

Voltaren XR 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: Voltaren extended release (XR), Cambia (Diclofenac) is a nonselective non-steroidal anti-inflammatory drug (NSAID) not recommended for first line use due to its increased risk profile. Evidence based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid Diclofenac as a first line non-steroidal anti-inflammatory medication. There is no indication in the record that the claimant has failed a course of first line NSAID medications. Furthermore, there is no objectified improvement in terms of increased functionality or decrease pain to objectify the efficacy of this preparation. In the absence of such documentation, there is no medical necessity established for the continued use of this preparation. Therefore, the request of Voltaren XR 100mg #30 is not medically necessary and appropriate.

Fexmed 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short term treatment of pain but advises against long term use. Given the side effect profile, there is no indication for chronic or indefinite use of such a preparation. Therefore, given the claimant's date of injury and clinical presentation, and the parameters noted within the MTUS, the request of Fexmed 7.5mg #60 is not medically necessary and appropriate

Neurontin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) considers Gabapentin to be a first line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence of neuropathic and radicular pain on exam. The electrodiagnostic evidence suggested that possible left S1 lesion; however, there are no MRI findings to corroborate such an assessment. As such, the requested Neurontin 600mg #60 is not medically necessary and appropriate.