

Case Number:	CM14-0216282		
Date Assigned:	01/06/2015	Date of Injury:	06/10/2009
Decision Date:	02/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker was a 53 year old female, who was injured on the job, June 10, 2009. The injured worker sustained the injury to the lower back while moving furniture. The injured worker also sustained emotional injuries from the work conditions and supervisor, according to the psychiatric evaluation of March 9, 2010. The injured worker was not currently working. In the progress note of February 26, 2010, the injured worker had a MRI of the lumbar spine, a problem was found and surgery was suggested, the injured worker declined. According to the progress note of October 15, 2014, the injured workers pain was getting worse, rating pain at 10/10; 0 being no pain and 10 being the worse pain. The injured worker was now having pain in the mid-back, low back, arm pain, leg pain and headaches with associated numbness and tingling in the shoulders arms, buttocks and legs. The MRI of June 14, 2014, showed the lumbar spine showed L3-L4 with a minor central disc bulge with a small high intensity zone without any significant central or foraminal stenosis, significant disc desiccation at L4-L5 with a high intensity zone in the posterior annulus but no significant protrusion, at L5-S1 there was severe disc desiccation and loss of height with bilateral foraminal stenosis. The EMG/NCV impression noted radiculopathy at left L5. The injured worker had tried physical therapy, analgesics, massage therapy, acupuncture and steroid injections in the past. According to the progress note of October 15, 2014, the injured worker was presently taking ibuprofen for pain. The documentation submitted for review failed to support the injured workers usage or benefit from Norco and Voltaren cream. On December 18, 2014 the UR denied authorization for a prescription for Norco 10/325mg #90 and Voltaren gel 100mg #1 with one refill. The denial for Norco was based on

MTUS guidelines for short term use of opioids for pain. The denial; for Voltaren gel was based on the MTUS guidelines for anti-inflammatory topical ointments for pain. A recent QME evaluation documented that she does not utilize Norco.

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 when to discontinue Page(s): 79,80..

Decision rationale: MTUS Guidelines do not support the continued use of opioids unless there is reasonable evidence of pain relief and functional improvement as a result of its use. Neither of these qualifying standards are met in this individual. Guidelines do not recommend continued use of opioids under these circumstances. The Norco 10/325 #90 is not medically necessary.

Voltaren gel 100g tube x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: MTUS Guidelines are not supportive of topical NSAID analgesics for chronic spinal pain. In particular, the Guidelines do not recommend its use for neuropathic pain which this patient has as a result of her radiculopathy. The Topical Voltaren Gel is not Guideline recommended under these circumstances and is not medically necessary.