

Case Number:	CM15-0112693		
Date Assigned:	06/19/2015	Date of Injury:	01/16/2002
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on 1/16/02. The injured worker has complaints of low back pain. Lumbar spine examination revealed tenderness in the lower lumbar parvertebral musculature; forward flexion is to 45 degrees, extension to 10 degrees, lateral bending to 30 degrees. The diagnoses have included discogenic low back pain; lumbar spondylosis and internal medicine diagnosis. Treatment to date has included Norco and Voltaren. The request was for Voltaren 75 mg quantity 60 with 2 refills and Norco 5/325mg quantity 60. A progress report on April 16, 2015 states that the patient's medication reduces pain from 8-9/10 to 2-3/10. Notes indicate that the patient has a signed opiate agreement and has undergone urine drug toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 7 mg Qty 60.00 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): s 67-72.

Decision rationale: Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the requesting physician has identified that the medication improves the patient's pain substantially with no reported side effects. As such, the currently requested Voltaren (diclofenac) is medically necessary.

Norco 5/325mg QTY: 60.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): s 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the medication improves the patient's pain substantially with no reported side effects. Additionally, an opiate agreement has been signed and urine toxicology testing has been performed. It is acknowledged, that there should be better documentation of objective functional improvement as a result of this medication. However, due to the substantial reduction in pain as well as other items being documented, a one-month prescription should allow the requesting physician time to better document objective functional improvement. As such, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.