

Case Number:	CM15-0116196		
Date Assigned:	06/24/2015	Date of Injury:	06/25/2008
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, Michigan

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 41 year old male injured worker suffered an industrial injury on 6/25/2008. The diagnoses included major depressive disorder, chronic cervical nerve damage with fusion, and transitional syndrome with cervical stenosis and cervical disc protrusion. The injured worker had been treated with medications and home exercise program. On exam the cervical spine had restricted range of motion. On 5/19/2015 the treating provider reported constant neck pain rated 5 to 6/10 with radiation to the left arm down to the forearm. There was also constant left sided mid back pain rated 3 to 4/10. There was constant low back pain rated 3 to 4/10 with radiation to the right buttock. The treatment plan included Voltaren, Norco and Fiorinal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR (Diclofenac ER) 100mg #30: Upheld

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 Medications for chronic pain, NSAID's Page(s): 60, 67, and 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for NSAID recommended use for short term, acute conditions or acute flare of pain. A review of the injured workers medical records that are available to me reveal that this medication has been used chronically for chronic pain without documentation of pain or functional improvement as required by the guidelines. Without this information it is not possible to determine medical necessity for continued use, therefore the request for Voltaren XR (Diclofenac ER) 100mg #30 is not medically necessary.

Norco (Hydrocodone/APAP) 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

Decision rationale: MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation provided did include levels of pain but did not include a comprehensive pain assessment and evaluation with functional improvement as required by the guidelines, without this information it is not possible to determine medical necessity of continued use, therefore the request for Norco (Hydrocodone/APAP) 10/325mg #30 is not medically necessary.

Fiorinal #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net/drug-summary/fiorinal?druglabelid=2142&id=1048.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Barbituate-containing analgesic agents.

Decision rationale: MTUS / ACOEM was silent on this medication therefore other guidelines were consulted. Per the ODG it is not recommended for chronic pain as the potential for drug dependence is high. They are used for acute headaches with some data to support it, but there is a risk of medication overuse as well as rebound headache. There was no clinical data or diagnosis of headaches in the medical record, therefore the request for Fiorinal is not medically necessary.