

Case Number:	CM15-0120044		
Date Assigned:	06/30/2015	Date of Injury:	01/16/2012
Decision Date:	08/11/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Emergency 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 is a 42-year-old male, who sustained an industrial injury on January 16, 2012, incurring low back injuries. He was diagnosed with lumbago, lumbar degenerative disc disease, and lumbar radiculitis. He underwent a lumbar laminectomy. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, proton pump inhibitor, back bracing, topical analgesic patches and epidural steroid injection. Currently, the injured worker complained of persistent low left and right sided back burning pain affecting his activities of daily living. He was noted to decreased extension and flexion with limited range of motion. The treatment plan that was requested for authorization included prescriptions for Voltaren and Norco retrospectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Voltaren - XR 100mg, 1 tablet two (2) times per day, #60, dispensed on 06/03/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Retrospective request for Voltaren - XR 100mg, 1 tablet two (2) times per day, #60, dispensed on 06/03/15, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has persistent low left and right sided back burning pain affecting his activities of daily living. He was noted to decreased extension and flexion with limited range of motion. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Retrospective request for Voltaren - XR 100mg, 1 tablet two (2) times per day, #60, dispensed on 06/03/15 is not medically necessary.

Retrospective request for Norco 10/325mg, 1 tablet every 8 hours as needed, not to exceed 3 a day, #90, dispensed on 06/03/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; When to Continue Opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Retrospective request for Norco 10/325mg, 1 tablet every 8 hours as needed, not to exceed 3 a day, #90, dispensed on 06/03/15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has persistent low left and right sided back burning pain affecting his activities of daily living. He was noted to decreased extension and flexion with limited range of motion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Retrospective request for Norco 10/325mg, 1 tablet every 8 hours as needed, not to exceed 3 a day, #90, dispensed on 06/03/15 is not medically necessary.