

Case Number:	CM15-0126168		
Date Assigned:	07/29/2015	Date of Injury:	04/13/2011
Decision Date:	09/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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

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 55 year old, male who sustained a work related injury on 4/13/11. The diagnoses have included lumbar spine strain/sprain and status post lumbar spine surgery. Treatments have included oral medications, use of an interferential (IF) unit with positive benefit, aquatic therapy, and lumbar bracing. In the PR-2 dated 5/27/15, the injured worker complains of low back pain with radicular numbness and tingling in right leg. He rates his pain level an 8/10. He rates his pain a 6/10 with medications and an 8/10 without medications. He describes the pain as moderate, constant, dull, weakness, numbness and achy. He has tenderness to lumbar paravertebral muscles, lumbosacral joint and left sciatic notch. He has decreased range of motion in lumbar area. He has positive straight leg raises, left greater than right. He has numbness and tingling along bilateral L5 and S1 distribution. He has a positive FABRE test in left leg. His pain is made worse with bending, sitting and standing activities. Pain is lessened with rest, medications and home exercises. He is able to perform some activities due to use of IF unit. Some of this progress note is hard to decipher. He is not working. The treatment plan includes refills of medications and for a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Norco 7.5/325mg, #60. The RFA is dated 05/27/15. Treatments have included oral medications, use of an interferential (IF) unit with positive benefit, lumbar surgery, aquatic therapy, and lumbar bracing. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 5/27/15, the patient presents with low back pain with radicular numbness and tingling in right leg. He rates his pain level an 8/10. He rates his pain a 6/10 with medications and an 8/10 without medications. He has tenderness to lumbar paravertebral muscles, lumbosacral joint and left sciatic notch, decreased ROM, positive straight leg raises, left greater than right. The treater has requested a refill of Norco. The patient has been prescribed this medication since 12/04/14. With medications pain is 4/10 and without medications pain is 8/10. With medications the patient is able to participate in ADLs, with improved participation in HEP and improvement better sleep. The patient reports no side effects and random UDS are administered. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

One prescription of Voltaren XR 100mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Diclofenac Sodium.

Decision rationale: The current request is for one prescription of Voltaren XR 100mg, #30. The RFA is dated 05/27/15. Treatments have included oral medications, use of an interferential (IF) unit with positive benefit, aquatic therapy, and lumbar bracing. The patient is not working. MTUS Guidelines, Anti-Inflammatory Medications, page 22 states that anti-inflammatory are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. For medication use in chronic pain, MTUS page 60 also requires documentation of the pain assessment and function as related to the

medication use. Specific to Voltaren, ODG Guidelines, Pain Chapter, under Diclofenac Sodium states, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market." Per report 5/27/15, the patient presents with low back pain with radicular numbness and tingling in right leg. He rates his pain level an 8/10. He rates his pain a 6/10 with medications and an 8/10 without medications. He has tenderness to lumbar paravertebral muscles, lumbosacral joint and left sciatic notch, decreased ROM, positive straight leg raises, left greater than right. The treater has requested a refill of Voltaren. The patient has been prescribed this medication since 12/04/14. With medications pain is 4/10 and without medications pain is 8/10. With medications the patient is able to participate in ADLs, with improved participation in HEP and improvement in therapy, although medication efficacy has been documented. ODG supports Voltaren when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs has been trialed and failed, nor has treater addressed patient's risk profile. The request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

One random urine sample: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Toxicology Screens.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Urine drug testing (UDT).

Decision rationale: The current request is for one random urine sample. The RFA is dated 05/27/15. Treatments have included oral medications, use of an interferential (IF) unit with positive benefit, aquatic therapy, and lumbar bracing. The patient is not working. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Per report 5/27/15, the patient presents with low back pain with radicular numbness and tingling in right leg. He rates his pain level an 8/10. He rates his pain a 6/10 with medications and an 8/10 without medications. He has tenderness to lumbar paravertebral muscles, lumbosacral joint and left sciatic notch, decreased ROM, positive straight leg raises, left greater than right. The treater is requesting a random UDS. The patient's medication regimen includes Norco and there is no indication of any recent screenings. ODG allows for once yearly screening to monitor low risk patients for medication compliance. This request IS medically necessary.