

Case Number:	CM15-0127721		
Date Assigned:	07/14/2015	Date of Injury:	04/29/2003
Decision Date:	08/12/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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 59 year old male, who sustained an industrial injury on 4/29/03. The diagnoses have included lumbosacral spondylosis without myelopathy, lumbar spinal stenosis, degeneration of lumbar or lumbosacral intervertebral disc, myalgia and myositis, and lumbago. Treatment to date has included medications, activity modifications, surgery, epidural steroid injection (ESI), stretching exercises, aqua therapy and other modalities. Currently, as per the physician progress note dated 5/12/15, the injured worker complains of back and bilateral leg pain. The pain is rated 9/10 on pain scale in the low back, which remains unchanged from previous visits. The physician notes that the injured worker has been out of medications for 4 days. The injured worker states that he always runs out of medications before next visit because the pain is so bad. The physical exam reveals that there is pain bilaterally on palpation of the spinal area and there is joint pain bilaterally with palpation. The back exam reveals limited range of motion with pain, positive straight leg raise bilaterally, positive Fabere on the left and right. The gait is antalgic and he has difficulty bearing weight on his left toes and is unable to walk on his heels or squat. The current medications included Soma, Zipsor, Norco, Ambien and Prilosec. The urine drug screen dated 2/11/15 was inconsistent with the medications prescribed. The physician requested treatments included Norco 10/325 Mg 1 Tablet PO QID for 30 Days #120 and Zipsor 25 Mg Capsule PO QID for 30 Days #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg 1 Tablet PO QID For 30 Days #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to support continued opioid therapy. Patient has no documentation of any benefit from opioid therapy. Patient has continued severe pain with deficits. Patient is noted to be running out of medications before appointment for refills. Documentation shows no improvement in pain or function on Norco. Norco is not medically necessary.

Zipsor 25 Mg Capsule PO QID For 30 Days #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Zipsor is Diclofenac Potassium, an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on this medication chronically with no documentation of any objective improvement. Due to significant side effects, chronic use is not recommended. Zipsor is not medically necessary.