MAXIMUS Federal Services

Case Number:	CM15-0176224		
Date Assigned:	09/17/2015	Date of Injury:	07/19/2013
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts
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 36 year old female, who sustained an industrial injury on 07-19-2013. She has reported injury to the low back. The diagnoses have included lumbago; postlaminectomy syndrome of the lumbar spine; and L3-4 radiculopathy. Treatment to date has included medications, diagnostics, ice, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and home exercise program. Medications have included Norco, Naproxen, Ibuprofen, Cyclobenzaprine, Ultracet, Gabapentin, Paroxetine, Voltaren gel, and Zofran. A functional restoration program integrative summary report, for dates 08-03-2015 through 08-07-2015, documented an evaluation of the injured worker's weekly progress. At the time of this report, the injured worker had completed 19 days of the 32 days of authorized functional restoration program treatment. The injured worker reported that she has had pain in her legs, but uses Voltaren gel 2-4 grams 3 times daily and Norco 10-325 mg 1 tablet 2 times daily effectively; she has been having some increased irritation and pain in the right gluteal with some associated radicular numbness; and she is pleased that she has significant time remaining in the program. Objective findings included she continues to push herself on the gym floor; her piriformis tightness is responding slowly to myofascial and self-stretching techniques; she increased her functional tolerances including standing and walking; she has been proactive in using more equipment and reports using the stairs instead of the elevator; and she has increased walking tolerance and standing tolerance. The treatment plan has included the request for retro Norco 10- 325 mg #60 with a date of service of 07-30-2015; retro Voltaren gel 1% #100 with a date of service of 07-30-2015; and retro Zofran 4 mg #30 with a date of service of 07-30-2015.

The original utilization review, dated 08-18-2015, non-certified a request for retro Norco 10-325 mg #60 with a date of service of 07-30-2015; retro Voltaren gel 1% #100 with a date of service of 07-30-2015; and retro Zofran 4 mg #30 with a date of service of 07-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325 mg #60 with a DOS of 7/30/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for chronic low back pain and secondary severe depression. Oral medications include Flanax (naproxen) which was discontinued in June 2015. Intolerance to Tylenol #3 is referenced as well as to multiple opioid medications including hydrocodone. Current treatment includes participating in a functional restoration program. Medications being requested include Norco, Voltaren gel, and Zofran. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life and there is a history of adverse side effects. Continued prescribing was not medically necessary. Therefore, the request is not medically necessary.

Retro Voltaren gel 1% #100 with a dos of 7/30/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for chronic low back pain and secondary severe depression. Oral medications include Flanax (naproxen) which was discontinued in June 2015. Intolerance to Tylenol #3 is referenced as well as to multiple opioid medications including hydrocodone. Current treatment includes participating in a functional restoration program. Medications being requested include Norco, Voltaren gel, and Zofran. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant had taken oral naproxen which appears to have been discontinued due to a lack of efficacy. There are other oral NSAID medications that would be considered without contraindication to a trial of use. Voltaren gel was not medically necessary.

Retro Zofran 4 mg #30 with a dos of 7/30/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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), Antiemetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for chronic low back pain and secondary severe depression. Oral medications include Flanax (naproxen) which was discontinued in June 2015. Intolerance to Tylenol #3 is referenced as well as to multiple opioid medications including hydrocodone. Current treatment includes participating in a functional restoration program. Medications being requested include Norco, Voltaren gel, and Zofran. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. Ondansetron is not recommended for the treatment of opioid induced nausea. The use of this medication is not medically necessary.