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| <b>Case Number:</b>   | CM15-0027814 |                              |            |
| <b>Date Assigned:</b> | 02/20/2015   | <b>Date of Injury:</b>       | 09/20/2004 |
| <b>Decision Date:</b> | 04/02/2015   | <b>UR Denial Date:</b>       | 01/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/13/2015 |

### 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, 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 52-year-old female, with a reported date of injury of 08/06/2009. The diagnoses include neck pain and low back pain. Treatments have included oral medications and a cane. The progress report dated 12/19/2014 indicated that the injured worker had chronic pain in her lumbar spine and chronic right lower leg pain associated with aching and weakness. She complained back pain, joint pain, joint stiffness, morning stiffness, numbness and tingling of the affected limbs. The injured worker rated her pain 7 out of 10. The physical examination showed spasm, tenderness, and tight muscle band of the paravertebral muscles; tenderness at the paracervical muscles, rhomboids, and trapezius; multiple myofascial trigger points; restricted range of motion of the lumbar spine; tenderness to palpation of the paravertebral muscles; and positive straight leg raise test on the right. The treating physician requested Diclofenac-Misoprostol 50-200mg #30, with two refills and Norco 10/325mg. The rationale for the request was not indicated. On 01/28/2015, Utilization Review (UR) denied the request for Diclofenac-Misoprostol 50-200mg #30, with two refills and Norco 10/325mg, noting that the documentation does not show and increased risk of non-steroidal anti-inflammatory drug induced ulcers; and there was no documentation of that the injured worker had ever been weaned from Norco. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac-Misoprostol 50-200 mg, thirty count with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** Regarding the request for diclofenac/misoprostol, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The addition of misoprostol is indicated for patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. Within the documentation available for review, there is no indication that the medication is providing any specific objective functional improvement and no clear rationale for the addition of misoprostol such as a high risk for NSAID-induced gastric or duodenal ulcers. In the absence of such documentation, the currently requested diclofenac/misoprostol is not medically necessary.

**Norco 10/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.