

Case Number:	CM15-0029196		
Date Assigned:	02/23/2015	Date of Injury:	10/23/2006
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on 10/23/2006. He has reported a fall with mid back and leg pain. The diagnoses have included acute mid back injury, thoracic disc extrusion and cord impingement, chronic thoracic pain syndrome, reactive depression and sleep disorder. Treatment to date has included medication therapy, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), epidural steroid injections and cognitive behavioral therapy. Currently, the IW complains of severe back pain, cervical and mid back, with radiation associated with headaches and lower extremity pain. Pain was rated 7/10 VAS with medication, and without medication he was unable to walk. The physical examination from 11/11/14 documented thoracic tenderness near T8, with trigger point and muscle spasms. The left shoulder demonstrated decreased Range of Motion (ROM), tenderness, and trigger points. The plan of care included continuation of previously prescribed medications. The claimant was using long acting opioids including Zohydron and Subsys (Fentanyl) along with Norco and Zorvolex. On 1/28/2015 Utilization Review non-certified Zorvolex 35mg #90, and modified certification for Norco 10/325mg #14. The MTUS Guidelines were cited. On 2/17/2015, the injured worker submitted an application for IMR for review of Zorvolex 35mg #90, Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Zorvolex 35mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zorvolex (diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There was no indication of using Zorvolex with multiple opioids. Continued use of Zorvolex is not medically necessary.

One (1) prescription of Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco since 2011 and opioids since 2009 without consistent documentation in VAS pain scores. There was no indication for use of multiple pain opioids along with NSAIDs. The continued use of Norco is not medically necessary.