

Case Number:	CM15-0069174		
Date Assigned:	04/16/2015	Date of Injury:	12/18/2012
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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:

This 48 year old man sustained an industrial injury on 12/18/2012. The mechanism of injury is not detailed. Diagnoses include chronic myofascial low back pain and right foot drop. Treatment has included oral medications and transforaminal epidural steroid injections. Physician notes dated 3/5/2015 show complaints of ongoing low back and right lower extremity pain rated 4-5/10. Recommendations include Norco, Zanaflex, Voltaren ER, psychological care, orthopedic consultation, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #120 for DOS 3/5/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco 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, the patient has documented pain reduction with the use of Norco from 7 out of 10 to 4 out of 10. In addition, the patient has documented functional improvement in terms of walking, and activities of daily living. The patient has documented side effects of headaches from taking Norco, however, this is tolerable. The patient also had urine drug screen on 9/29/2014 that is consistent with medication usage. As such, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.

Retrospective Voltaren ER 100mg #60 for DOS 3/5/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

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

Decision rationale: Regarding the request for Voltaren (diclofenac), 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. Within the documentation available for review, the provider has ordered Voltaren 100mg ER for treatment of Norco induced headache. However, there is no clear documentation of why this particular form of NSAID is chosen, as there were no documented intolerance to other forms of NSAIDs such as ibuprofen or Naproxen. In the absence of such documentation, the currently requested Voltaren ER is not medically necessary.