

Case Number:	CM15-0070849		
Date Assigned:	04/20/2015	Date of Injury:	06/25/2008
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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 41 year old male, who sustained an industrial injury on 6/25/2008. The medical records submitted for this review failed to include the details of the initial injury and prior treatments to date. Diagnoses include status post cervical fusion with residual scarring/nerve damage, and residuals of neck and left arm pain, anxiety, disc protrusion, transitional syndrome, and acute exacerbation, sprain/strain, status post multiple surgeries. Currently, he complained of constant moderate headaches rated 5-6/10 VAS and neck pain with radiation to left upper extremity, low back pain with radiation to lower right extremity that is worsening. On 3/24/15, the physical examination documented. The plan of care included medication therapy pending approval for a cervical nerve root block and acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in June 2008 and continues to be treated for reading neck and back pain and headaches. When seen, he was having constant pain rated at 4-5/10. Medications included Norco, Fiorinal, and Voltaren XR. Norco is being prescribed at a total MED (morphine equivalent dose) of 10 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, the claimant's response to this medication is not documented and therefore it cannot be considered as medically necessary. Therefore, the continued prescribing of Norco was not medically necessary.

Voltaren XR (extended release) 100 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-71.

Decision rationale: The claimant sustained a work injury in June 2008 and continues to be treated for reading neck and back pain and headaches. When seen, he was having constant pain rated at 4-5/10. Medications included Norco, Fiorinal, and Voltaren XR. Norco is being prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Guidelines recommend the use of NSAID (nonsteroidal anti-inflammatory medications) with caution as an option in the treatment of chronic pain including pain from osteoarthritis and conditions such as ankylosing spondylitis. Dosing is Diclofenac XR 100 mg PO once daily for chronic maintenance therapy. Therefore, the requested Diclofenac XR is medically necessary.