

<b>Case Number:</b>	CM15-0092090		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/06/2000
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 5, 2000. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve requests for oral diclofenac and Norco. The claims administrator referenced an RFA form received on April 1, 2015 in its determination, as well as a progress note dated March 30, 2015. The applicant's attorney subsequently appealed. On January 5, 2015, the applicant reported ongoing complaints of low back pain. The applicant had received traction, epidural injections, physical therapy, Motrin, and Darvocet, with limited benefit; it was reported toward the top of the report. Toward the middle of the report, it was stated that the applicant was using Norco and diclofenac for pain relief and was apparently noting some improvement with the same. Performing activities, including long drives, was problematic. The applicant stated that he needed transportation to and from appointments. The applicant was still smoking a quarter pack of cigarettes a day, it was stated. The applicant was not working, it was acknowledged. Both diclofenac and Norco were renewed. In another section of the note, it was stated that the applicant's pain complaints in the 8-9/10 range. In another section of the note, it was reported that the applicant's pain complaints were scored at 9/10 and that the applicant was having a bad day today. The applicant exhibited a visibly antalgic gait requiring usage of a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac ER 100mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** No, the request for diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off work, despite ongoing usage of diclofenac. Ongoing usage of diclofenac failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was using at a rate of six tablets a day; it was reported on January 5, 2015. The applicant was having difficulty standing and walking, it was further noted. The applicant was using a cane to move about; it was noted on January 5, 2015. The applicant was not working. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing diclofenac usage. Therefore, the request was not medically necessary.

**Hydrocodone/Apap 10/325 #540: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco (hydrocodone-acetaminophen), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was suggested on January 5, 2015. Severe pain complaints in the 8-9/10 to 9/10 range were reported on the same date. The applicant reported difficulty performs activities of daily living as basic as standing and walking, it was noted on that date. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

