

Case Number:	CM15-0099108		
Date Assigned:	06/01/2015	Date of Injury:	02/01/2013
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/22/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 54-year-old male, who sustained an industrial injury on 02/01/2013. According to a progress report dated 03/03/2015, the injured worker continued to suffer from ongoing low back pain, which radiated into the right thigh. A request for an epidural steroid injection for the lumbar spine was recently denied. He had moderate collapse at the L4-L5 and L5-S1 region with small disc protrusion at each level. Physical examination demonstrated tenderness to palpation bilaterally about the lumbar paraspinal musculature. Active voluntary range of motion of the thoracolumbar spine was severely limited. He was only able to forward flex about 20 degrees. Extension was less than 10 degrees and left and right lateral bending was less than 10 degrees before stopping to complain of pain. Straight leg raise was mildly positive on the right, negative on the left. Motor examination was felt to be normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch. Quadriceps reflexes were 1-2+ and symmetrical. Achilles reflexes were 0-1+ and symmetrical. No pathologic reflexes were evident. He was provided with Diclofenac and Vicoprofen to give him symptomatic relief while waiting authorization of his epidural steroid injection. Currently under review is the request for Diclofenac and Vicoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68 and 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document previous trial and failure or contraindication for acetaminophen trial. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type when there is demonstrated failure of acetaminophen trial. As such, the medical records provided for review do not support the use of Voltaren. Therefore, the request is not medically necessary.

Vicoprofen 7.5/200mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Hydrocodone/Ibuprofen (Vicoprofen; generic available) Page(s): 76-80, 92 and 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, chronic opioids are not supported and not medically necessary.