

<b>Case Number:</b>	CM13-0012230		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/28/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46 year old male with a date of injury of 1/28/12. An MRI on 4/12 showed a torn left medial meniscus. The patient had knee surgery on 10/12. The patient has a history of hypertension, diabetes, and increased lipids, and lumbar disc disease. On 5/13, diagnoses included toe strain, ankle strain and lumbar spine strain. A request was made for Fexmid, Voltaren, Norco and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**Decision rationale:** Opioids appear to be efficacious but limited for short-term pain relief of back pain. There is no evidence that opioids showed long term benefit or improvement when used as a treatment for chronic back pain. There is a lack of evidence to allow for a treatment recommendation for chronic use in osteoarthritis. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals

pain relief improved quality of life, and/or improved functional capacity. (Eriksen, 2006)  
Continued use of opioids is only recommended if the patient has improved functioning and pain. The record indicates that the patient has been on narcotics at least as far back as 3/13. Based on guidelines, further documentation is needed to support continued use of this medication.

**Voltaren gel:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

**Decision rationale:** The guidelines state that an intermediate quality study found that diclofenac gel to be helpful. This option is low cost, has few side effects, and is not invasive. Thus, topical NSAIDs are recommended as a treatment option. The medication is medically necessary in this case.

**Fexmid 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** Per the MTUS guidelines, cyclobenzaprine is recommended as an option for a short course of therapy. The effect is greatest in the first 4 days of treatment. Treatment should be brief. The patient has received muscle relaxants at least as far back as 3/13. The addition of cyclobenzaprine to other agents is not recommended.

**urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,94.

**Decision rationale:** Per guidelines, screening urine toxicology is done for a variety of reasons. These include provider suspicion of substance abuse, to identify aberrant opioid use and to check for adherence to a prescribed program. There is no documentation as to why test was ordered. Therefore, the test is not medically necessary and appropriate at this time.