

Case Number:	CM13-0015129		
Date Assigned:	03/12/2014	Date of Injury:	03/04/2008
Decision Date:	04/07/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Virginia and Washington, DC. 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/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 57-year-old male who sustained an injury to his lower back on March 4, 2008 after lifting a bag of cement. He underwent a lumbar laminectomy in November 2008. Following this, the patient had ongoing pain issues in his lower back and left leg. In addition, he had symptoms related to depressed mood, anhedonia, and anxiety. The patient had 28 physical therapy visits as of April 16, 2009. Despite this, he had chronic pain symptoms. He was compliant with a home exercise program. He had a lumbar MRI on July 20, 2011 which revealed surgical changes, acquired stenosis at L3, facet arthritis, and foraminal stenosis. ██████ saw the patient on July 20, 2012 for ongoing pain and was prescribed Norco daily, Flexeril, and Ibuprofen. He was also given steroid injections to the gluteal region. On August 2, 2012, ██████ saw the patient for ongoing back pain issues, who then recommended the patient for follow up with a pain specialist. ██████ saw the patient on September 27, 2012 for orthopedic options. The patient had repeat nerve studies on August 1, 2011, which showed L5-S1 radiculopathy. The patient did not wish to pursue additional surgery. The patient also reported pain in upper back and right upper extremity radiating pain. ██████ saw the patient on October 23, 2012 for pain management. He was prescribed Norco, three tablets daily; Flexeril 10mg, 2-3 tablets daily; and Ibuprofen 800mg, 3 tablets daily. ██████ saw the patient on February 20, 2013 for lumbar pain, bilateral buttock pain, and lower extremity pain. On February 22, 2013, ██████ referred the patient to physical therapy; he was using Flexeril, Ibuprofen, Norco, Docusate, and Gabapentin. The patient had some improvement with physical therapy on February 27, 2013. ██████ noted ongoing pain issues on July 29 2013; the patient was using Flexeril, Norco, Motrin, Docusate, Lyrica 50mg daily, and Voltaren gel 1%. On September 16, 2013, ██████ saw the patient for lumbar back pain and bilateral lower extremity pain. He

Final Determination Letter for IMR Case Number [REDACTED] was prescribed Lyrica, Norco, and Voltaren gel, and was instructed to stop taking Flexeril and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE VOLTAREN 1% GEL #4 FOR DOS 7/29/2013: 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, 69-71, 112.

Decision rationale: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. For neuropathic pain, it is not recommended, as there is no evidence to support use. Voltaren[®] Gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The maximum dose should not exceed 32g per day (8g per joint per day in the upper extremity and 16g per joint per day in the lower extremity). Use should be limited to the short-term (4-12 weeks). The patient had lumbar pain, for which Voltaren is not indicated. Also, topical NSAID usage should be time limited to 4-12 weeks, in order to prevent GI and cardiovascular side effects. Therefore, it is not medically indicated. The request is noncertified.

RETROSPECTIVE NORCO 10/325MG #100 FOR DOS 7/29/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75, 85, 91.

Decision rationale: The patient had chronic lower back pain, but was unable to achieve pain relief with multiple interventions (surgery, steroid injections, physical therapy and medical management). Per MTUS guidelines, the usual dose of Norco is 5/500mg, 1 or 2 tablets every 4-6 hours as needed for pain with a maximum of 8 tablets a day. For higher doses of Hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab), the recommended dose is usually 1 tablet every 4-6 hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg per day. The patient did not achieve an improvement in function or pain level and he was unable to return to work. Long term usage of opiate medication is not recommended due to concern of habit-forming properties and adverse effects. Therefore, it is not medically indicated. The request is noncertified.

