

<b>Case Number:</b>	CM13-0030812		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/22/1998
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, depression, and chronic midback pain reportedly associated with an industrial injury on February 22, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; medial branch blocks; anxiolytic medications; transfer of care to and from various providers in various specialties, and extensive periods of time off of work. An earlier psychiatric progress note of June 24, 2013 is notable for comments that the applicant is depressed, has a Global Assessment of Functioning of 55, and is off of work, on total temporary disability, from a psychiatric standpoint. In a Utilization Review Report of September 11, 2013, the claims administrator denied a request for OxyContin and topical Voltaren. The applicant's attorney later appealed. In a progress note of December 5, 2013, the applicant reports pain ranging from 4-10/10. The applicant apparently quit smoking in 1994. The applicant remains depressed and anxious. The applicant is on Voltaren, Percocet, OxyContin, AcipHex, Macrobid, Ambien, triazolam, phentermine, Ativan, Celebrex, Estrace, Zithromax, VESIcare, Elmiron, Adderall, Cymbalta, and Lamictal. The applicant is somewhat overweight with a BMI of 31. She is not working. She exhibits a normal tandem gait and normal coordination. Diffuse spinal tenderness is appreciated with normal upper and lower extremity strength. The applicant is given numerous medication refills. She is using six tablets of Percocet for day and extended release OxyContin thrice daily. The applicant states that she is frustrated with her chronic pain. In an October 25, 2013 note, the applicant apparently developed panic attacks while in the clinic owing to the fact that nurse case manager sent by the insurance company was present during the evaluation. Voltaren, Percocet, and OxyContin were r

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** As noted on Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren gel is indicated in the treatment of small joint arthritis which lends itself toward topical treatment. Voltaren gel has not been evaluated for treatment of issues involving the spine, as are present here. In this case, the applicant's widespread low back and midback pain do not appear to be areas which lend themselves toward topical treatment. It is further noted that the applicant's failure to return to any form of work and continued dependence on various forms of medical treatment implies that previous usage of Voltaren has not been successful and has not resulted in any functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.

**Oxycontin 80mg TID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74 to 97.

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

**Decision rationale:** 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 effected as a result of ongoing opioid usage. In this case, however, it does not appear that the aforementioned criteria have been met. The applicant has not returned to work. She is reporting heightened pain as opposed to diminished pain. It is stated in some sections of the report that she is frustrated with the pain and that the pain is diminishing her ability to perform activities of daily living. While other sections of the report, highly templated, suggest that the opioids are doing the applicant some good, this is seemingly outweighed by other sections of the report in which it is suggested that the applicant is not improving with medications. For all of these reasons, then, the request for OxyContin is not certified.

**Percocet 325mg one tab six times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 to 97.

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

**Decision rationale:** Again, the applicant does not meet the criteria set forth on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, she has not returned to work. She appears to be reporting heightened pain as opposed to diminished pain on the most recent office visits referenced above. There is likewise no clear cut evidence of improved performance of non-work activities of daily living effected as a result of ongoing Percocet usage. Therefore, the request is not certified.