

<b>Case Number:</b>	CM13-0054185		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/29/1990
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Physical Medicine & Rehabilitation 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:

This female sustained an injury on 10/29/90 while employed by [REDACTED]. Requests under consideration include Voltaren Gel 1% three refills, Skelaxin 800 mg #60, Hydrocodone 10/325 mg #90 with three refills, and Carisoprodol 350 mg #30, with three refills. Diagnoses listed by [REDACTED] included chronic low back pain, chronic pain, hip pain, lumbar radiculopathy, and CRPS of lower extremities. Panel QME supplemental report from [REDACTED] on 11/18/10 has diagnoses of post-laminectomy syndrome, 1991; post spinal fusion from L3-S1 in 1992; post hardware removal in 1993; injury and surgery resulted in foot drop. Report of 10/7/13 from [REDACTED] noted patient with persistent low back pain; recently underwent spinal cord stimulator placement in June 2013; the patient has benefit from Skelaxin for pain and spasm; Fluoxetine and Wellbutrin for depression. Exam showed spasms in lumbar paraspinal and bilateral lower extremity muscles; antalgic gait using a brace for ambulation; no gross changes noted. The discussion indicated good control of the neuropathic symptoms with the SCS. The patient's medications were filled. The above medications were partially modified with no refills for Skelaxin and Hydrocodone while Carisoprodol and Voltaren were non-certified citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The Physician Reviewer's decision rationale: This female sustained an injury on 10/29/90 while employed by [REDACTED]. Requests under consideration include Voltaren Gel 1% three refills, Skelaxin 800 mg #60, Hydrocodone 10/325 mg #90 with three refills, and Carisoprodol 350 mg #30, with three refills. Diagnoses listed by [REDACTED] included chronic low back pain, chronic pain, hip pain, lumbar radiculopathy, and CRPS of lower extremities. Panel QME supplemental report from [REDACTED] on 11/18/10 has diagnoses of post-laminectomy syndrome, 1991; post spinal fusion from L3-S1 in 1992; post hardware removal in 1993; injury and surgery resulted in foot drop. Report of 10/7/13 from [REDACTED] noted patient with persistent low back pain; recently underwent spinal cord stimulator placement in June 2013; the patient has benefit from Skelaxin for pain and spasm; Fluoxetine and Wellbutrin for depression. Exam showed spasms in lumbar paraspinal and bilateral lower extremity muscles; antalgic gait using a brace for ambulation; no gross changes noted. The discussion indicated good control of the neuropathic symptoms with the SCS. The patient's medications were filled. Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc...) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in October 1990. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications for her diffuse pain. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. Voltaren Gel 1% three refills topical is not medically

**Skelaxin 800 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** The Physician Reviewer's decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1990. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of

functional improvement resulting from its previous treatment to support further use. This medication was partially-certified without refill. It is unclear why two separate muscle relaxants are prescribed concurrently, namely Skelaxin and Carisoprodol. Report also noted good control of the pain symptoms with the SCS. The Skelaxin 800 mg #60 is not medically necessary and appropriate.

**Hydrocodone 10/325 mg #90 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The Physician Reviewer's decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Request had been partially-certified without refill to assist in weaning process. The Hydrocodone 10/325 mg #90 with three refills is not medically necessary and appropriate.