

<b>Case Number:</b>	CM13-0068242		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Anesthesiology, and is licensed to practice in Florida. 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 injured worker is a 64-year-old female who reported an injury on 11/03/2010. The mechanism of injury was a slip and fall. The injured worker's medication history included Vicodin and Voltaren ER as of 08/2013. The documentation of 11/19/2013 was difficult to read. It indicated that the injured worker had medications of Vicodin 5/500, Voltaren XR and Lidoderm patches. The diagnoses were handwritten and difficult to read. Per previous documentation, the diagnoses included cervical spine and lumbar spine sprain/strain and status post right knee scope, meniscectomy and chondroplasty. Other treatments included medications, chiropractic care and physical therapy. The treatment plan was for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED VICODIN 5/500MG 1 PO Q12 H PRN #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 Page(s): 60, 78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective

decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker was being monitored for aberrant drug behavior through urine drug screens. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for 3 months. There was lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for side effects. Given the above, the request for Vicodin 5/500 one by mouth every 12 hours as needed #60 is not medically necessary and appropriate.

**VOLTAREN XR 100MG PO QD #30:** 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 Page(s): 67.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend NSAIDS for the treatment of acute low back pain. They are for short term symptomatic relief. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation indicated that the injured worker had been utilizing the medication for 3 months. The clinical documentation submitted for review failed to provide documentation of the above criteria. The office note was handwritten and difficult to read. Given the above, the request for Voltaren XR 100 mg by mouth every day is not medically necessary.

**LIDODERM PATCH 5% #30:** 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 Page(s): 56, 57.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The clinical documentation submitted for review failed to provide the documented efficacy of the requested medication. The documentation of 11/14/2013 revealed the injured worker had been utilizing the medication. However, the duration of use could not be established. There was a lack of documentation indicating the injured worker had a trial and failure of a first line therapy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, and the lack of documented pain relief as well as objective functional improvement, the request for Lidoderm patch 5% #30 is not medically necessary.