

<b>Case Number:</b>	CM13-0070474		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/13/2005
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 58 year old male injured on 04/13/05 when involved in a motorcycle collision resulting in multiple orthopedic injuries requiring multiple orthopedic and general surgical interventions to repair initial traumatic injuries. The clinical note dated 12/12/13 indicates the injured worker presented complaining of bilateral hip, back, and bilateral feet pain with neuropathic pain. The injured worker reported pain ranges between 5-9/10 with improvement with the use of rest, medications, and therapy. The documentation indicates the use of oxycodone decreases visual analog scale scores approximately 4 points. Physical examination revealed slight tenderness to the upper back and neck with increase with cervical rotation, left hip slight discomfort with subjective distal aching into the lateral distal thigh, and well-healed multiple lumbar surgical incisions vertically, the ability to stand and walk with slightly guarded gait, subjective decreased sensation in both feet and legs, and no audible crepitation. Current diagnoses include bilateral hip sprains status post left hip replacement and a revision, lumbar sprain, and shoulder sprain. Current medications include Omeprazole, Promethazine, Alprazolam, Hydromorphone, Gabapentin and Oxycodone 30mg 2 tablets 3 times a day. The Hydromorphone is 4mg 1-2 tablets four times a day. The documentation indicates the injured worker's physician had an extensive medical team conference with pharmacist and need to coordinate prescriptions with qualified medical examiners being the main prescriber. The request for additional massage therapy in an attempt to reduce medication use and additional medications was requested. The initial request for monthly medication management follow up visits, quantity 6, Oxycodone HCL 30mg, #180 with 3 refills, and Voltaren gel 1% with 3 refills was initially non-certified on 12/02/13.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MONTHLY MEDICATION MANAGEMENT FOLLOW UP VISITS, QUANTITY 6:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Medical Practice Standard of care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -online version, Low back Complaints, page(s) Follow-up visits.

**Decision rationale:** As noted in the Low back complaints section of California Medical Treatment Utilization Schedule, follow-up evaluations should occur no later than 1 week into the acute pain period. American College of Occupational and Environmental Medicine indicates, at the other extreme, in the stable chronic low blood pressure setting, follow-up may be infrequent, such as every 6 months. The documentation indicates an ongoing attempt to manage the patient's medications with the intent to taper the opioid medications. It has also been noted the required conversations with pharmacy and other practitioners to coordinate care. As such, thre request for certification for 6 monthly medication management follow up visits is recommended as medically necessary.

### **OXYCODONE HCL 30 MG # 180, 3 REFILLS:** Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Additionally, there is sufficient documentation to establish single provider prescribing. As such, Oxycodone HCL 30 mg # 180, 3 refills is recommended as medically necessary.

### **VOLTAREN GEL 1%, 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (diclofenac).

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines, Voltaren Gel is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drugs, contraindications to oral non-steroidal anti-inflammatory drugs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to Food and Drug Administration MedWatch, postmarketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. As such, the request for Voltaren gel 1%, 3 refills is not medically necessary.