

<b>Case Number:</b>	CM14-0002884		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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, and is licensed to practice in 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 59-year-old who reported an injury on September 28, 2010 after a slip and fall. The injured worker reportedly sustained an injury to his cervical spine and low back. The injured worker's treatment history included multiple medications, physical therapy, and activity modifications. The injured worker was evaluated on October 21, 2013 by the requesting physician. Physical findings included paraspinal spasming and tenderness of the lumbar spinal musculature, tenderness to the sciatic notch bilaterally with a positive straight leg raising test to 45 degrees bilaterally. It was noted that the injured worker has restricted range of motion secondary to pain. The injured worker's diagnoses included C5-6 and C6-7 disc herniation with upper extremity radiculopathy, tinnitus, neurogenic claudication, and L3-4 and L4-5 disc herniation with lower extremity radiculopathy. The injured worker's treatment plan included and medications to decrease symptoms. A request was made for additional medications on October 28, 2013. However, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE 21 TABLETS OF PREDISONE DOSEPAK 5MG (BETWEEN 10/28/2013 AND 10/28/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines does not support the use of oral corticosteroids in the management of chronic pain of the cervical or lumbar spine. Additionally, there was no documentation from the requested date of service to support the request. The request for 21 tablets of prednisone dosepak 5mg, provided on October 28, 2013, is not medically necessary or appropriate.

**RETRSPLECTIVE 60 TABLETS OF ULTRACET 325 MG (BETWEEN 10/28/2013 AND 10/28/2013):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** There was no clinical documentation submitted from the requested date of service to support the request. California Medical Treatment Utilization Schedule recommends the use of opioids in the management of chronic pain after there is a documented failure to respond to first line medications. The clinical documentation submitted for review did not provide any evidence that the injured worker has failed to respond to first line medications such as oral antidepressants and oral anticonvulsants. The request for sixty tablets of Ultracet 325 mg, provided on October 28, 2013, is not medically necessary or appropriate.

**RETROSPECTIVE 30 TABLETS FO VOLTAREN XR 100MG (BETWEEN 10/28/2013 AND 10/28/2013):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60 and.

**Decision rationale:** The California Medical Treatment Utilization Schedule does support the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, there was no documentation from the requested date of service to support the request. The request for thirty tablets of Voltaren XR 100 mg, provided on October 28, 2013, is not medically necessary or appropriate.