

<b>Case Number:</b>	CM14-0102804		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/22/2001
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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 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 male who suffered a low back injury while tossing 11-pound bags on 01/22/01. He had an extensive treatment including back surgery on 11/08/2003. On 03/10/14, ██████████ reported that he had persistent low back pain with radiation to both legs. He rates the pain at 3-4/10. He used Norco and gabapentin which helped. On exam, lumbar range of motion reveals spasm. Sensory testing with a pinwheel reveals decreased sensation at LS dermatome bilaterally. Diagnoses include narcotic addiction, failed back syndrome, status post dorsal column replacement, and possible psychiatric injury. Medication and topical creams allowed increase in ADL. Medications are hydrocodone APAP (Norco) 10/325mg. 1 p.o. every 6 hours p.r.n. #90 with 3 refills, Neurontin 300 mg. 1 p.o. t.i.d. #90 with 3 refills, Voltaren cream. 100g. apply three times a day as needed with 3 refills, and Kronos Lumbar Support. The request for Hydrocodone/APAP (Norco) 10/325mg Qty 90 Refill 3, Voltaren cream 100 g Refills 3, and Kronos Lumbar support was denied on 06/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP (norco) 10/325mg Qty 90 Refill 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 74.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical necessity for Norco has not been established based on guidelines and lack of documentation. Therefore, the request is not medically necessary.

**Voltaren cream 100g Refills 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** The CA MTUS/ODG states that Voltaren Gel 1% (diclofenac) is the only NSAID that is FDA approved for topical application, indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there is no documentation of osteoarthritis. Furthermore, there is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. Based on the ODG/CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**██████ Lumbar support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

**Decision rationale:** ACOEM - "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG - Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. According to the guidelines, there is no evidence

to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar support is not recommended under the guidelines. Based on the CA MTUS/ACOEM and Official Disability Guidelines and the clinical documentation stated above, the request is not medically necessary.