

<b>Case Number:</b>	CM14-0103272		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/10/2004
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	06/04/2014
<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 Occupational Medicine 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 represented employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 10, 2004. Thus far, the injured worker has been treated with the following: Analgesic medications; opioid therapy; anxiolytic medications; trigger point injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 4, 2014, the claims administrator partially approved a request for Percocet, denied a request for Valium, and denied a request for Voltaren. The injured worker's attorney subsequently appealed. In an April 29, 2013 medical-legal evaluation, the injured worker was described as having a variety of complaints of neck pain, shoulder pain, mid back pain, and fibromyalgia. The injured worker was status post a left knee arthroscopy. It was stated that the injured worker had failed to return to work. In an August 26, 2014 progress note, the injured worker was described as "miserable." The injured worker was spending most of her time lying down in bed and was only able to get up to feed her cats. The injured worker stated that she could not exercise. The injured worker was exhibiting an antalgic gait. The injured worker was described as in a "downward spiral," which she attributed to medication denials. In a July 22, 2014 progress note, the injured worker was again described as having a poor quality of life secondary to diffuse musculoskeletal pain and migraine headaches. The injured worker was obese, with a BMI of 35. Voltaren gel was endorsed. The injured worker's primary pain generator on this occasion was the low back. In an October 7, 2014 progress note, the injured worker stated that she was improved, had lost 12 pounds, but nevertheless weighed 240 pounds. The injured worker attributed her improvement to manual therapy/manipulative therapy. The injured worker was given a refill of Percocet. The injured worker stated that she was willing to taper off of Valium. The injured worker's work status was not stated on this occasion. In an earlier note dated June 12, 2014, the injured worker was

described as having issues with angry outbursts and emotional instability. The injured worker's primary pain generators were the neck and low back, it was noted on this occasion. The injured worker was asked to follow up in four weeks. The injured worker's work status was not furnished on this occasion. In an earlier note dated April 9, 2014, the injured worker was described as "permanent and totally disabled."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg, QTY 75:** 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 When to Continue Opioids Topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is off of work. The injured worker has been deemed permanently disabled, one of her treating providers has acknowledged. Furthermore, the injured worker's prescribing provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request is not medically necessary.

**Valium 10mg, QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants (for Pain) Page(s): 24; 66.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic medications such as Valium may be appropriate for "brief periods." However, in this case the injured worker has been taken Valium for chronic, long-term period. The injured worker has seemingly been using Valium for what appears to be a span of several months to several years. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.

**Voltaren 1%, QTY 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren Section. Page(s): 112.

**Decision rationale:** The injured worker's primary pain generator here is the lumbar spine (low back). However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren gel has "not been evaluated" for issues involving the spine, as are present here. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable MTUS position on usage of Voltaren for the low back. Therefore, the request is not medically necessary.