

<b>Case Number:</b>	CM14-0104021		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Internal 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 62 year old female who sustained an injury on 09/25/06. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of pain radiating to the upper and lower extremities with neck and low back pain. This is minimally improved with medications. The injured worker has received prior injections and has utilized a TENS unit with some improvement. The 06/09/14 clinical report noted limited lumbar and cervical range of motion with tenderness to palpation. No neurological deficits were noted. The injured worker received a Toradol and B12 injection at this evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 60 mg/Vit B12 IM in office:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Corticosteroids and Vitamin B

**Decision rationale:** The use of Toradol and Vitamin B12 on 06/09/14 would not be supported as medically necessary per current evidence based guidelines. The injured worker did not present

with any evidence for inflammation or findings consistent with active radiculopathy to support the use of Toradol injections. Per guidelines, Vitamin B12 is not supported in the clinical literature in the treatment of chronic pain. There is limited efficacy in the literature regarding the ability of this medication to provide any significant improvement in chronic pain as compared to other treatment. As such, this reviewer would not recommend this request as medically necessary.

**Norco 5/325 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the use of Hydrocodone 5/325mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this reviewer would not have recommended this request as medically necessary.

**Butrans 5mg/hr patch #4:** 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 Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the use of Butrans 5mg/hr patch quantity 4, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical documentation provided for review noted minimal improvement of the injured worker's overall pain with this medication combined with Norco for breakthrough pain. Butrans can be

utilized as an option for the treatment of severe chronic pain that has failed other narcotic medications; however, guidelines recommend that there be ongoing evidence regarding the efficacy of this medication to support its ongoing use. As this was not evident in the records provided, the continuing use of this medication would not be supported by current evidence based guidelines. As such, this reviewer would not recommend this request as medically necessary.

**Baclofen 10 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In regards to the use of Baclofen 10mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.

**Voltaren gel 1% one tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical compounding medications Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** In regards to the use of Voltaren gel 1% tube, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Voltaren gel can be utilized as an option for the treatment of localized osteoarthritis that has failed the use of NSAIDs or when NSAIDs are contraindicated/not tolerated. In this case, there is no indication that Voltaren gel is even effective given the minimal improvement overall in the injured worker's pain scores. As such, this reviewer would not recommend this request as medically necessary.