

Case Number:	CM14-0114310		
Date Assigned:	08/04/2014	Date of Injury:	08/12/1998
Decision Date:	09/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family 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:

79 years old male claimant sustained a work injury on 8/12/98 involving the low back. He was diagnosed with degenerative disk disease and lumbago. He had been on topical Voltaren gel since July 2013 and Norco since at least December 2013 for pain relief. A progress note on 6/18/14 indicated the claimant had continued low back pain. Exam findings were notable for tenderness in the paraspinal region and decreased range of motion. The claimant was continued on Flexeril, Norco, and topical Voltaren gel for symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel 100gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren is a topical NSAID. Topical Non-Steroid Anti-Inflammatory Drugs

(NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Bases on the prolonged use, minimal improvement in pain/function and lack of evidence for spine pain, the continued use of Voltaren 1% gel 100gm is not medically necessary.

Norco 10/325mg #40: 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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function. The continued use of Norco is not medically indicated. Therefore, the request of Norco 10/325mg #40 is not medically necessary and appropriate.