

Case Number:	CM14-0137030		
Date Assigned:	09/10/2014	Date of Injury:	07/28/1997
Decision Date:	10/23/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 63-year-old female who is reported to have sustained work-related injuries on 07/28/97. The mechanism of injury is not described. The injured worker is noted to have low back and left ankle pain. She is reported to be status post lumbar fusion in 2001. Per a prior utilization review the injured worker's pain level is 7/10 without medications and 6/10 with medications. The record includes an MRI of the lumbar spine dated 08/26/14. The study notes degenerative disc disease from L1 to L5. There are postoperative changes associated with the posterior lumbar fusion at L4/5 and L5/S1. There is retained instrumentation resulting in artifact. No clinical records were submitted from the prescribing provider. The record includes a utilization review determination dated 08/12/14 in which the request for Oxycodone 15 mg # 120 and Voltaren gel 100 g with one refill was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Tab 15mg Day Supply: 30 QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Oxycodone 15 mg #120 is not supported is medically necessary. The record indicates that the injured worker has a failed back surgery syndrome for which she has been prescribed opiate medications. A prior review notes that the injured worker's pain level is 7/10 without medications and 6/10 with medications. This reflects a minimal response to her current medication profile and the efficacy of this medication is not established. Further, the record does not contain any information regarding routine or random UDS to assess for compliance. As such, the medical necessity for the continued use of this medication is not established.

Voltaren Gel 1% Day Supply: 30 QTY: 100 Refills: 1: 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): 111-114.

Decision rationale: The request for Voltaren gel 1% quantity 100 with one refill is not supported is medically necessary. No clinical records from the prescribing provider were available for review. As such, there is no historical data to establish failure of other first-line therapies or to establish the efficacy of this topical analgesic. The California MTUS notes that there are no high quality studies that establish the efficacy of topical analgesics in the treatment of chronic pain. Topical analgesics are largely considered experimental and investigational. As such, the medical necessity has not been established.