

<b>Case Number:</b>	CM14-0138759		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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:

This 41 year-old patient sustained an injury on 7/8/10. The request(s) under consideration include 60 tablets of Oxycodone IR 5mg and 90 tablets of Diclofenac SR 100mg. Diagnoses include axial low back pain/ lumbar sprain & strain; neck pain; post-traumatic headaches; depression; and post-traumatic stress disorder. Conservative care has included medications, therapy, DME, psychotherapy, HEP, medial branch blocks (3/21/13 to right L4-S1) with lumbar rhizotomy (6/6/13), and modified activities/rest. Report of 7/28/14 from the provider noted the patient with ongoing chronic neck, axial low back, and right index finger pain rated at 6-10/10. Medications list gabapentin, oxycodone, Cymbalta, Diclofenac with 40% improvement reported in function and pain. Exam showed antalgic gait; paracervical spasm and tenderness; limited lumbar range with intact sensation and motor strength and negative SLR. Treatment included ongoing medications. The request(s) for 60 tablets of Oxycodone IR 5mg and 90 tablets of Diclofenac SR 100mg were determined not medically necessary on 8/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Oxycodone IR 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The request(s) for 60 tablets of Oxycodone IR 5mg and 90 tablets of Diclofenac SR 100mg were non-certified on 8/20/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 60 tablets of Oxycodone IR 5mg are not medically necessary and appropriate.

**90 tablets of Diclofenac SR 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 22.

**Decision rationale:** The request(s) for 60 tablets of Oxycodone IR 5mg and 90 tablets of Diclofenac SR 100mg were deemed not medically necessary on 8/20/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The 90 tablets of Diclofenac SR 100mg is not medically necessary and appropriate.