

<b>Case Number:</b>	CM14-0152750		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/03/1998
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 & Rehabilitation, and is licensed to practice in Texas & Ohio. 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 51-year-old male who reported an injury on 04/03/1998. The mechanism of injury was not provided. Diagnoses included lumbar disc disease, postlaminectomy syndrome, and status post cervical fusion. Past treatments included lumbar epidural steroid injection and medication. Diagnostic studies included an official urine drug screen collected on 08/13/2013, with results inconsistent with prescribed medications. An official urine drug screen was also collected on 04/11/2014, which revealed negative results for all categories tested. Surgical history included anterior cervical discectomy fusion at C6-7, and spinal laminectomy. The clinical note dated 08/13/2014 indicated the injured worker complained of low back and cervical pain, as well as left sciatic pain. The physical exam revealed tenderness to palpation to the cervical spine and shoulders, positive Tinel's on the bilateral wrists, and positive Hawkin's. Current medications included Norco 10/325 mg, Prilosec 20 mg, and Voltaren gel 3-100 tubes. The treatment plan included Norco 10/325 mg #120, Prilosec 20 mg #60, and Voltaren gel 3-100 tubes. The rationale for the request was not provided. The Request for Authorization Form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** 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): 78.

**Decision rationale:** The request for Norco 10/325 mg #120 is not medically necessary. The California MTUS Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker complained of low back and cervical pain, as well as left sciatic pain. It is unclear how long the injured worker had been taking the requested medication. An official urine drug screen collected on 08/13/2014 was inconsistent with prescribed medications, detecting tramadol but not hydrocodone. The inconsistencies of this urine drug screen were not addressed in the clinical notes. There is also a lack of documentation to indicate quantified pain relief and functional improvement while taking the medication. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Prilosec 20 mg #60 is not medically necessary. The California MTUS Guidelines indicate that patients are at risk for gastrointestinal event if they are over the age of 65 years; have a history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or are on high dose/multiple NSAIDs. Nonselective NSAIDs are recommended for patients with no risk factor and no cardiovascular disease. The injured worker had been taking the requested medication since at least 06/20/2014. There is a lack of documentation to indicate that the injured worker had complaints of gastrointestinal discomfort, or was at risk for a gastrointestinal event. The rationale for the requested medication was not provided. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the request for Prilosec 20 mg #60 is not medically necessary.

**Voltaren Gel 3-100 Tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Workers Compensation Pain Procedure Summary

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

**Decision rationale:** The request for Voltaren gel 3-100 tubes is not medically necessary. The California MTUS guidelines indicate that Voltaren gel 1% is FDA approved for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The guidelines also state that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. The injured worker complained of low back and cervical pain, as well as left sciatic pain. Voltaren gel has not been evaluated for treatment of the spine or hip, and there is a lack of clinical documentation to support the diagnoses of osteoarthritis. Additionally, the request does not include indicators of quantity, frequency, and specific location for using the requested medication. Therefore, the request for Voltaren gel 3-100 tubes is not medically necessary.