

<b>Case Number:</b>	CM14-0155935		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 3/7/14 note indicates pain in the low back and bilateral hips/buttocks. The pain is aggravated by sitting and traveling. The pain was improved by epidural. Chronic pain medications, activity restrictions, and rest are reported to help the symptoms. Medications are listed as Norco, Neurontin, and Voltaren gel. Examination notes diffuse tenderness and that the insured walks with an antalgic gait. ROM increases the pain. There is hypoesthesia of the toes and lateral calves. The 5/15/14 note indicates continued pain. The medical regimen as noted with Norco, Neurontin, and Voltaren gel is reported to help. Side effects are denied. Examination noted the same findings as 3/7/14.

### 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, Ongoing Management. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids

**Decision rationale:** The medical records provided for review do not indicate ongoing documentation of opioid risk mitigation. There is no indication of ongoing monitor of analgesic misuse or UDS (urine drug screen). ODG supports that chronic opioid use requires documentation of opioid mitigation plan. Therefore, this request is not medically necessary.

**Voltaren Gel 2-4g #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren (Diclofenac). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Diclofenac

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical medications Page(s): 112.

**Decision rationale:** The medical records provided for review do not indicate a condition of peripheral joint osteoarthritis. It indicates the gel is applied to the back. MTUS guidelines do not support topical Voltaren gel for application to the spine area. Therefore, this request is not medically necessary.