

<b>Case Number:</b>	CM14-0159574		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 2/6/14. A utilization review determination dated 8/29/14 recommends non-certification of Ultracet and Voltaren 1%. It referenced an 8/19/14 medical report identifying Norco-induced hypokalemia due to food not being taken along with the medication. There was an acute onset of orofacial numbness with inability to close right eyelid and a diagnosis of Bell's palsy. 6 PT sessions over the past 3 weeks for the foot/ankle injury provided no appreciable improvement. On exam, there was 3+ pitting edema in the right foot/ankle with moderate tenderness to palpation and restricted ROM as well as CN VII facial palsy. 9/19/14 medical report identifies increased right leg pain over the last few days since being required to move a slab of granite by his employer despite his light duty restrictions that preclude him from doing so. Ortho consult is scheduled. Right foot pain 4-10/10. Bell's palsy resolved after one treatment with acupuncture. Only taking Norco q.d. Will take a second Norco p.r.n. severe pain. Prescriptions for Ultracet and Voltaren gel were denied. On exam, no findings are noted. Ultracet and Voltaren gel were recommended to provide appropriate pain relief so that he is able to continue working and reduce need for opiate pain medication dependency. UDG on 8/19/14 was "WNL." No opiates were detected due to patient having been without his medications while hospitalized for 3 days prior to DOS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325 MG #60 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Ultracet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the use of opioids is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Furthermore, there is no clear rationale for the use of multiple concurrent short-acting opioids, as the patient is also noted to currently be utilizing Norco. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet is not medically necessary.

**Voltaren 1 Percent 100 GM #5 with 2 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Regarding the request for Voltaren, California Medical Treatment Utilization Schedule (MTUS) states that topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Voltaren is not medically necessary.