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| <b>Case Number:</b>   | CM14-0042680 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 08/13/2001 |
| <b>Decision Date:</b> | 09/19/2014   | <b>UR Denial Date:</b>       | 03/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/09/2014 |

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 13, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated March 29, 2014, the claim administrator partially certified a request for Norco while denying a request for Voltaren gel. In an earlier progress note dated April 26, 2013, the applicant presented with persistent complaints of low back pain. The applicant was described as "currently disabled." 4/10 low back pain was noted. The applicant was having difficulty performing activities as basic as prolonged sitting, it was stated at that point in time. Norco and Neurontin were renewed. In a March 25, 2014 progress note, the applicant reported 6 to 7/10 pain. The applicant was taking multiple medications with no clear improvement in function, it was stated. Some sections of the report stated that the applicant has had issues with prolonged walking and an unable gait while other sections of the report stated that the applicant was able to perform activities of daily living as basic as cleaning and showering with medications. Muscle spasm about the neck was noted. The applicant was given refills of Norco, Neurontin, Flexeril, and Voltaren gel. The primary diagnosis was chronic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is having difficulty performing activities as basic as sitting and standing owing to ongoing complaints of pain. The attending provider has not established the presence of any tangible decrements in pain achieved as a result of ongoing opioid therapy with Norco. The applicant has failed to return to work and has been deemed disabled, it is further noted. All the above, taken together, suggests that criteria for continuation of opioid therapy have seemingly not been met here. Therefore, the request is not medically necessary.

**Voltaren 1% (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Food and Drug Administration.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/diclofenac has not been evaluated for the treatment of issues involving the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which Voltaren gel has not been evaluated. No rationale for selection and/or ongoing usage of Voltaren gel in the face of the tepid-to-unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.