

<b>Case Number:</b>	CM14-0066467		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 30-year-old male with a reported date of injury on 07/19/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include right knee internal derangement. His previous treatments were noted to include physical therapy, right knee arthroscopy, and medications. The progress note dated 02/27/2014 revealed complaints of lumbar pain that radiated into both legs with tension and right knee pain. The physical examination revealed tenderness to palpation over the medial patellofemoral joint with full range of motion to the knee and negative orthopedic testing. The examination of the lumbosacral spine revealed normal posture, an antalgic gait, severe diffuse tenderness to palpation along the paraspinal musculature, and the injured worker could flex and touch his toes and could extend to 10 degrees. The reflex examination was equal and symmetric bilaterally. There was decreased sensation on the left L5 and full motor strength. The injured worker was prescribed Voltaren as an anti-inflammatory and Norco for pain. The Request for Authorization form was not submitted within the medical records. The retrospective request was for Voltaren 100 mg #120 as an anti-inflammatory and Norco 10/325 mg take 1 by mouth 4 times a day #180 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Voltaren 100mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71, 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The retrospective request for Voltaren 100 mg #120 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There is a lack of documentation regarding efficacy of this medication and improved function with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Retrospective Norco 10/325mg, take 1 PO QID #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The retrospective request for Norco 10/325 mg take 1 by mouth 4 times a day #180 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of evidence of decreased pain on numeric scale with the use of medications. There is a lack of improved functional status with activities of daily living with the use of medications. There were no adverse effects with the use of medications. The documentation provided indicated a urine drug screen was performed 03/2014 that was negative for opiates. Therefore, due to the lack of documentation regarding significant pain relief, improved functional status, and side effects, the ongoing use of opioid medications is not supported by the guidelines. Therefore, the request is not medically necessary.