

<b>Case Number:</b>	CM14-0070322		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 and is licensed to practice in Nevada. 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 female who was reportedly injured on March 6, 2010. The mechanism of injury is noted as stepping off a stool and falling. The most recent progress note dated July 31, 2014, indicates that there are ongoing complaints of cervical spine pain. Current medications include oxycodone and fentanyl patches. The physical examination demonstrated tenderness over the left side of the cervical spine and the trapezius muscle. There was slightly decreased cervical spine range of motion and full range of motion in the bilateral shoulders. There was a normal upper extremity neurological examination and slightly decreased grip strength at 4+/5. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L1 - L2 and L4 - L5. Previous treatment includes a kyphoplasty procedure, physical therapy, chiropractic care, and oral medications. A request was made for oxycodone and was not certified in the pre-authorization process on May 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): Page 74, 78, 93 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for oxycodone is not medically necessary.

**Diclofenac Sodium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): Page 111 of 127.

**Decision rationale:** Diclofenac sodium is a nonselective non-steroidal anti-inflammatory drug (NSAID) not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that Diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid Diclofenac as a first-line non-steroidal anti-inflammatory medication. There is no indication in the record that the injured employee has failed a course of first-line NSAID medications. In the absence of such documentation, this request for Diclofenac sodium is not medically necessary.