

<b>Case Number:</b>	CM14-0071529		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/23/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Geriatrics, and is licensed to practice in New York. 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 48 year old man with a date of injury of 7/23/10. He was seen by his primary treating physician on 4/8/14. He was status post bilateral L4-5 and L5-S1 facet medial branch rhizotomy performed on 2/27/14. He complained of bilateral knee pain, headaches and cervical spine pain with numbness affecting his upper extremities. His current medications included norco, trazadone, ibuprofen, valium, proair and voltaren gel. He used the norco for pain, trazadone for insomnia and neuropathic pain and occasionally used valium for insomnia. His physical exam showed paraspinal tenderness in the cervical and lumbar muscles with spasms in the cervical area. He had a positive Spurling's on the left and mild left upper extremity weakness. He had a negative straight leg raise bilaterally with tenderness over the medial and lateral joint lines and crepitus. He had normal sensation in his lower extremities. His diagnoses included cervical spine sprain/strain with left C5 radiculopathy, left carpal tunnel syndrome, lumbar spine strain/sprain with degenerative disc disease and right lower extremity radiculopathy (improved), low back pain with facet hypertrophy, right knee derangement status post arthroscopic surgery and status post left knee surgery x 2 with residuals. At issue in this review is the prescription for norco, trazadone and voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 48 year old injured worker has chronic back and extremity pain with an injury sustained in 2010. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics, NSAIDs and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The MD visit of 4/14 fails to document any significant improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not adequately substantiated.

**Trazodone 50mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

**Decision rationale:** Trazodone is an anti-depressant and is a serotonin antagonist and reuptake inhibitor. Anti-depressants can be used as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. In this case, there is no documentation of a discussion of side effects or efficacy. The records do not support medical necessity for trazodone.

**Voltaren gel 1% #500g with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines), Pain (Chronic) Topical NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. He is also already taking oral/systemic NSAIDs (ibuprofen). Regarding Voltaren gel in this injured worker, the records do not provide clinical evidence to support medical necessity.