

<b>Case Number:</b>	CM14-0083043		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/06/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Texas and Oklahoma. 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 65-year-old female who reported an injury on 03/06/2010. She reportedly sustained injuries to her left her foot at work and hyperextended her ankle. The injured worker's treatment history included x-rays, medications, physical therapy sessions, and MRI studies. The injured worker had a urine drug screen on 04/23/2014 that was positive for opioid usage. The injured worker was evaluated on 04/23/2014 and it was documented that the injured worker was authorized for a sleep study, Voltaren, Norco, and pain management counseling. Within the documentation, it was noted that the injured worker had gone to the ER for low back pain and will be referred to an orthopedic spine surgeon through another private insurance. She obtained a lumbar MRI on 04/16/2014 suggesting mild spinal canal stenosis and facet hypertrophy at L3-4 and L4-5, moderate foraminal stenosis on the left L4-5 and incidental sacral Tarlov cyst. On physical examination, the injured worker was assisted by a 4 point cane, stable with left knee brace. Muscle strength on manual muscle testing, strength of lower limbs was 4/5 of hip flexors, knee flexors, knee extensors, ankle plantar flexors, and ankle dorsiflexors muscle groups. Reflexes in the lower extremities responded symmetrically, hypo reflexive to examination. Medications included Levothyroxine 100 mcg, Omeprazole 20 mg, Pravastatin sodium 20 mg, Singulair 10 mg, Ventolin HFA 90 mcg inhaler, and Bupropion HCl 150 mg. Diagnoses included ankle sprain on the left, chronic pain syndrome, generalized osteoarthritis, abnormality of gait, lumbar facet syndrome, and sprain sacroiliac NOS (left). The request for authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (quantity unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco10 /325 mg quantity (unspecified) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or quantity or duration of medication. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review the injured worker was negative for Opioid usage. The request submitted given the above, the request for is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such, the request is not medically necessary.

**Voltaren XR 100mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The requested not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Voltaren s used as a second line treatment after Acetaminophen, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than Acetaminophen for acute low back pain and that Acetaminophen has fewer side effects. There was lack of documentation of outcome measurements of conservative care measurements and home exercise regimen. In addition, the provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Voltaren for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Voltaren taken by the injured worker. The request for Voltaren did not include the frequency, quantity or duration. Given the above, the request for the Voltaren XR 100 mg (quantity unspecified) is not medically necessary.

