

<b>Case Number:</b>	CM14-0089328		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/02/2003
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Internal 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 injured worker is a 60 year old female who sustained an injury on 08/02/03. No specific mechanism of injury was noted. The injured worker has been followed for complaints of neck pain radiating to the left side through the left lower extremity. The injured worker's prior medication history has included Voltaren Gel, Tramadol, Norco, and Lyrica. The 04/24/14 clinical report noted ongoing pain in the cervical region radiating to the upper extremities. The injured worker's physical exam noted a positive Spurling's sign to the right. The injured worker's medications were denied on 05/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 5% #2:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** In review of the clinical documentation provided, there was no updated clinical indication for the use of Voltaren gel or any specific documentation regarding the efficacy of this medication as it is recommended in current evidence based guidelines. The most

recent report did not discuss the rationale for ongoing use of this medication. Given the paucity of clinical information to support the ongoing use of Voltaren Gel as prescribed, this reviewer would not recommend this request as medically necessary.

**Trokendi XR 100 mg #30:** 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 Antiepileptics Page(s): 16-22.

**Decision rationale:** In review of the clinical documentation provided, there was no updated clinical indication for the use of Trokendi XR or any specific documentation regarding the efficacy of this medication as it is recommended in current evidence based guidelines. The most recent report did not discuss the rationale for ongoing use of this medication. Given the paucity of clinical information to support the ongoing use of Trokendi XR as prescribed, this reviewer would not recommend this request as medically necessary.

**Lidoderm patches 5% #30:** 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 Lidoderm Patch Page(s): 54.

**Decision rationale:** In review of the clinical documentation provided, there was no updated clinical indication for the use of Lidoderm patches or any specific documentation regarding the efficacy of this medication as it is recommended in current evidence based guidelines. The most recent report did not discuss the rationale for ongoing use of this medication. Given the paucity of clinical information to support the ongoing use of Lidoderm patches as prescribed, this reviewer would not recommend this request as medically necessary.

**Tramadol 50 mg #120:** 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 Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In review of the clinical documentation provided, there was no updated clinical indication for the use of Tramadol or any specific documentation regarding the efficacy of this medication as it is recommended in current evidence based guidelines. The most recent report did not discuss the rationale for ongoing use of this medication. Given the paucity of

clinical information to support the ongoing use of tramadol as prescribed, this reviewer would not recommend this request as medically necessary.

**Norco 10/325 mg #90:** 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 Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In review of the clinical documentation provided, there was no updated clinical indication for the use of Norco or any specific documentation regarding the efficacy of this medication as it is recommended in current evidence based guidelines. The most recent report did not discuss the rationale for ongoing use of this medication. Given the paucity of clinical information to support the ongoing use of Norco as prescribed, this reviewer would not recommend this request as medically necessary.