

<b>Case Number:</b>	CM14-0115251		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 49-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 16, 2013. In a Utilization Review Report dated June 18, 2014, the claims administrator failed to approve requests for Norco and oral Voltaren apparently dispensed and/or prescribed on June 5, 2014. The applicant's attorney subsequently appealed. On September 30, 2014, the applicant reported various mental health issues, including anxiety, depression, insomnia, and sexual dysfunction. Ativan, Sonata, and Cialis were endorsed. In a handwritten note dated May 1, 2014, difficult to follow, not entirely legible, the applicant was given refills of Ultracet, oral Voltaren, and various topical compounds, including ketoprofen-lidocaine compound. The note was very difficult to follow, handwritten, and not entirely legible. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. 6-7/10 knee pain was evident. On July 1, 2014, work restrictions were again endorsed, along with a neoprene sleeve for knee pain. The applicant was not working, was receiving total temporary disability benefits, it was acknowledged through usage of preprinted checkboxes. The applicant was using Norco at a rate of three times daily. 7-8/10 pain was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone-APAP) 5/325mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain: Therapeutic Trial of Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Washington State Dept of Labor: Prescribing Opioids to Treat Pain in Injured Workers.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

**Decision rationale:** 2. Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. The applicant continues to report 7-8/10 pain complaints despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function affected as a result of the same. Therefore, the request was not medically necessary.

**Voltaren ER 100mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Anti-inflammatory medications: Opioids for chronic pain Page(s): 22, 67-68, 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127.

**Decision rationale:** No, the request for Voltaren, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Voltaren. Ongoing usage of Voltaren had failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continues to report pain complaints in the 7-8/10 range, despite ongoing usage of Voltaren. Therefore, the request was not medically necessary.