

<b>Case Number:</b>	CM14-0188075		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	11/27/2009
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Occupational 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 represented employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of November 27, 2009. In a Utilization Review Report dated October 29, 2014, the claims administrator failed to approve request for Dilaudid and Voltaren gel. The claims administrator stated that its decisions were based on a progress note of September 19, 2014. The injured worker's attorney subsequently appealed. In a February 7, 2014 progress note, the injured worker was apparently using a variety of medications, including Demerol, Norco, Dilaudid, Flovent, Levaquin, Levoxyl, and Percocet. It was not clear whether the injured worker was using all these medications or whether some of the medications were historical medications, which were carried over onto this particular progress note. The injured worker presented requesting pain medications and foot injections. The injured worker stated that Dilaudid had her significantly. The injured worker had a history of pancreatic cancer, non-industrial, along with industrial issues of tarsal tunnel syndrome, chronic pain syndrome, reflex sympathetic dystrophy, the attending provider acknowledged. The attending provider stated that he was not certain what the primary pain generator was. Ankle corticosteroid injection therapy was endorsed and Dilaudid was issued. The injured worker's work status was not furnished. On June 20, 2014, the injured worker was given prescriptions for Dilaudid and Voltaren gel. Ankle corticosteroid injection was issued. The injured worker's work status was not furnished. At the top of the report, it was stated that the injured worker was using Norco, Demerol, Valium, Dilaudid, doxepin, Lovenox, Flovent, Levaquin, Levoxyl, Pamelor, Percocet, Phenergan, Zocor, Effexor, and Vivelle. The injured worker was having issues with lifting and ambulating, it was acknowledged. On a March 5, 2014 progress note, the injured worker was asked to remain off of work indefinitely.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; When to Continue Opioids Page(s): 78; 80.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider has not clearly stated why the injured worker needs to use so many different short-acting opioid agents, including Norco, Demerol, Dilaudid, Percocet, etc. It is not clear why the injured worker is being given so many different opioid agents. It is further noted that the injured worker seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the injured worker is off of work. The injured worker is having difficulty performing activities of daily living as basic as standing and walking, the attending providers noted on several occasions, referenced above. The attending provider has not outlined any quantifiable decrements in pain achieved as a result of ongoing Dilaudid usage. Therefore, the request is not medically necessary.

**Voltaren gel 1% 100mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

**Decision rationale:** Voltaren gel was a first-time request, seemingly introduced for the first time on June 25, 2014. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical non-steroidal anti-inflammatory drugs (NSAIDs), such as Voltaren are indicated in the treatment of osteoarthritis and tendonitis of the small joints which are amenable to topical application. Here, the injured worker's ankle and foot pain are/were in fact, amenable to topical application. A trial of Voltaren gel was indicated on or around the date in question, given (a) the fact that the injured worker's foot/ankle pain was amenable to topical application and (b) given the seeming failure of Dilaudid and other first-line oral pharmaceuticals. Therefore, the request is medically necessary.