

Case Number:	CM14-0192030		
Date Assigned:	11/25/2014	Date of Injury:	08/30/2013
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 11/7/14 PR-2 notes pain in the neck and low back rated 8/10 with low back being 7/10. Exam reports the gait is normal and there are trigger areas in the neck and low back. Assessment was chronic lumbosacral strain with cervical strain in the neck. Request was for Voltaren and morphine injection. The 10/8/14 note indicates pain in the neck and low back. Previous treatment has been physical therapy. Exam notes strength of 5/5 with symmetric 1+ reflexes. MRI of 11/14/13 is reported to show degenerated discat C5-6. There is facet hypertrophy at L4-5 and L5-S1. ESI (epidural steroid injection) was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 10mg IM injection that was given on 09/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment

should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, this request is not medically necessary.

Voltaren Gel 1% 100gms, as prescribed on 10/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The medical records do not indicate intolerance or ineffectiveness of oral NSAID therapy. Guidelines do not support topical use of analgesics or combination topical analgesics for the control of pain in combination with oral NSAIDS. MTUS supports topical agents are recommended as an option as indicated below: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not support failure of other conservative oral medical therapies or the presence of a neuropathic pain condition that has failed oral therapies, the records do not support the use of topical Voltaren. Therefore, this request is not medically necessary.