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| Case Number: | CM14-0192891 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 09/16/2005 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of September 16, 2005. A Utilization Review dated October 23, 2014 recommended non-certification of Voltaren 100mg #60 + 1 refill, Vicoprofen 200/7.5mg #60 + 1 refill, and Neurontin 600mg #60 + 1 refill. A Follow up Evaluation dated October 3, 2014 identifies continued chronic intermittent flare ups of low back pain mostly located on the right side of his low back. He also continues with occasional numbness in his right foot. Physical Examination identifies mild tenderness to palpation bilaterally about the lumbar paraspinal musculature. Active voluntary range of motion of the thoracolumbar spine was limited. Diagnoses are not identified. Treatment Plan identifies he was provided with a refill of appropriate medication. He utilizes the gabapentin for the numbness and tingling in his right leg and he continues to use the Vicoprofen for occasions when he has increased pain. Typically his symptoms are controlled well with the combination of Ibuprofen and diclofenac and he was provided with a refill on these medications as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Voltaren is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, it appears that the patient may be using two NSAIDs concurrently, which would significantly increase the risk of side effects and complications. In the absence of such documentation, the currently requested Voltaren is not medically necessary.

Vicoprofen 200/7.5mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Vicoprofen (hydrocodone/ibuprofen), California Pain Medical Treatment Guidelines state that Vicoprofen is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Additionally, it appears that the patient may be using multiple NSAIDs concurrently, which would significantly increase the risk of side effects and complications. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Vicoprofen (hydrocodone/ibuprofen) is not medically necessary.

Neurontin 600mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response

is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.