

Case Number:	CM14-0195828		
Date Assigned:	12/03/2014	Date of Injury:	01/28/2009
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/21/2014

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 (IW) is a 50-year-old-woman with a date of injury of January 28, 2009. The mechanism of injury was not documented in the medical record. The current working diagnoses include degeneration of thoracic or lumbar intervertebral disc; lumbago. Pursuant to the October 21, 2014 progress, note, the IW presents for her routine visit and medication refill. She complains of constant left sided low back pain, buttock, and leg pain. She describes the pain as stabbing, aching, and associated with numbness in her left leg with prolonged sitting. Pain without medications is 4-6/10, and 5/10 with medications. Objective physical findings reveal diffuse moderate tenderness to palpation over the lumbosacral region. She has significant point tenderness on the left lateral lumbosacral side. Straight leg raise test is positive, hypoesthesia of toes and lateral calves noted, normal deep tendon reflexes and motor exam. Current medications include Thermacare XL Back Heat Wraps, Norco 10/325mg, Voltaren gel, and Gabapentin 600mg. The earliest progress note in the medical record is dated April 28, 2014. At that time, the IW was prescribed Norco, and Voltaren gel. It is unclear if this was a refill or new prescription. The IW received subsequent refills of Norco, and Voltaren gel on May 15, 2014, July 7, 2014, September 18, 2014, and October 21, 2014. There was no detailed pain assessments of objective physical improvement associated with the prescribed medications. The treating physician is requesting authorization for Voltaren gel 2-4 gram 4 X day, #480 gram and Norco 10/325mg 1 tab QID # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 2-4g 4 x a day #480g 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 2 to 4 g four times per day #480 g with three refills are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of spine, hip or shoulder. In this case, the injured worker is being treated for degeneration of thoracic or lumbar intervertebral disc; lumbago; lumbar facet hypertrophy; pain in joints, pelvic region and thigh; and bilateral hip pain. The recommendation and plan from a progress note dated April 11, 2014 indicates Voltaren gel is to be applied to painful areas for times a day. The injured worker's complaints are not areas that lend themselves to topical treatment with Voltaren gel (the lower back and spine). Voltaren gel is not indicated for the treatment of spine, hip or shoulder complaints. Consequently, absent the appropriate clinical indication, Voltaren gel is not medically necessary.

Norco 10/325mg PO QID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg PO QID #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improve quality of life. The lowest possible dose should be prescribed to improve patient function. In this case, the injured worker is being treated for degeneration of thoracic or lumbar into vertebral disc; lumbago; lumbar facet hypertrophy; pain in joints, pelvic region and thigh; and bilateral hip pain. A review of the medical record shows Norco 10/325 was first prescribed in an April 28, 2014 progress note. It is unclear if this is a refill for the first prescription. Norco was subsequently renewed May 15, 2014, July 7, 2014, September 18, 2014, and October 29, 2014. There are no details pain

assessments in the medical record. Additionally, there is no documentation indicating objective functional improvement or dose reduction associated with the ongoing use of Norco 10/325. Consequently, after the appropriate clinical documentation with objective functional improvement, Norco 10/325 mg PO QID #120 is not medically necessary.