

<b>Case Number:</b>	CM14-0207120		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Interventional spine 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 patient presents with pain and weakness in his lower back and lower extremity. The patient is s/p lumbar laminectomy and discectomy on 05/01/14. The request is for 12 sessions of PHYSICAL THERAPY FOR THE LUMBAR SPINE. The current request of physical therapy appears within post-surgical time frame as surgery was less than 6 months from the request date. For post-operative therapy treatments, MTUS guidelines page 25 and 26 allow 16 sessions for postsurgical treatment (discectomy/laminectomy) over 8 weeks. The physical therapy progress reports indicate that the patient had some therapy in 2013 and 12 sessions of physical therapy between 06/24/14 and 08/04/14. The therapy reports indicate that the patient still has same or worse pain and no functional improvement from 12 sessions of recent therapy. For example, the patient rated his pain at 5/10 on 06/24/14 with difficulty walking longer than 10 minutes. On 08/04/14, the patient rated his pain at 6/10 with difficulty walking longer than 10 minutes. Prior treatment appears to have failed and there is no explanation as to what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy recently. The treater does not explain why the patient is unable to transition in to a home program. Furthermore, the current request for 12 combined with at least 12 already received would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel SIG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 124.

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

**Decision rationale:** This patient presents with bilateral knee pain and posterior left leg pain. The request is for Voltaren 1% gel SIG. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Topical NSAIDs are recommended for peripheral joint arthritis/tendinitis problems. Review of reports shows, this medication has been listed as current medication since 07/01/14 report. The patient does present with knee pain for which topical NSAIDs may be indicated. However, none of the reports discuss how this medication is used and with what efficacy. MTUS require recording of pain and function when medications are used for chronic pain. As it is, it is not known whether or not the topical Voltaren is doing anything for the patient. The request is not medically necessary.

**Norco 10/325 mg tablet SIG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88,89.

**Decision rationale:** This patient presents with bilateral knee pain and posterior left leg pain. The request is for Norco 10/325 mg tablet SIG #90. MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one very six months, documentation of the 4A's (analgesia, ADLs, adverse side effect, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication etc. Review of reports shows that the patient has been on this medication at least since 07/01/14 report. On 11/18/14, the treater documents analgesia by stating pain level at 4/10 with medications and 8/10 without medications. ADL is documented with the patient working full time. The patient is working full time. However, the treater does not provide the other A's, including adverse effects and aberrant behavior or opiate monitoring via urine toxicology, CURES reports and others. No outcome measures are provided either as required by MTUS. Given the inadequate documentation of the four A's, the request is not medically necessary.