

<b>Case Number:</b>	CM15-0000462		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/18/1992
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 69-year-old female, with a reported date of injury of 02/18/1992. She has reported low back pain. The diagnoses have included lumbar post-laminectomy syndrome, bilateral lower extremity/radiculopathy, cervical spine sprain/strain syndrome, medication-induced gastritis, right knee severe degenerative joint disease, and status post L5-S1 fusion with residual bilateral L4-5 moderate to severe foraminal stenosis. Treatments to date have included Voltaren gel, Ultracet, Prilosec, Celebrex, Percocet, a lumbar epidural steroid injection, with 75% pain relief, and computerized tomography (CT) scan of the lumbar spine on 04/04/2013. Currently, the injured worker complains of back and leg pain, which had worsened. Her spinal cord stimulator internal programmable generator (IPG) expired. The injured worker was still having difficulty functioning throughout the day. The objective findings included paraspinal muscle tenderness and spasms located in both the paracervical muscles and trapezii; tenderness to palpation of the posterior lumbar musculature bilaterally, with increased muscle rigidity; some trigger points; and tenderness to palpation throughout the lumbar paraspinal muscles. The treating physician refilled the injured worker's medications, but no rationale for the request was provided. On 12/17/2014, Utilization Review (UR) non-certified the request for Ultracet 37.5mg, Prilosec 20mg, and Voltaren gel 1.3%. The UR physician noted that there was a lack of adequate evidence of quantified numerical pain relief, side effects, physical and psychosocial functioning, or abnormal behavior; a lack of evidence in the medical records that the injured worker had complaints of indigestion related to non-steroidal anti-inflammatory drug (NSAID) use or that the injured worker was taking NSAID medications; and that Voltaren gel has not been

evaluated for the treatment of the spine, hip, or shoulder. The MTUS Chronic Pain Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultracet 37.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/opioids Page(s): 92-93.

**Decision rationale:** Ultracet contains Tramadol and Tylenol. The claimant had been on Ultracet for over a year. Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time while on the medication while there was insignificant improvement in long-term function or physical findings. Long term use of Ultracet can lead to addiction and tolerance. The claimant was also noted to have nausea while on the medication. The continued use of Tramadol as above is not medically necessary.

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant had been on Prilosec for several months. Opioids contributed to nausea and GI upset. As noted above, the Ultracet was no medically necessary which would also eliminate the need for Prilosec. Therefore, the continued use of Prilosec is not medically necessary.

**Voltaren gel 1.3%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months along with oral analgesics. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.