MAXIMUS Federal Services

Case Number:	CM15-0137516		
Date Assigned:	07/27/2015	Date of Injury:	08/09/2004
Decision Date:	08/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, 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:

This is a 60-year-old male patient who sustained an industrial injury on 08/09/2004. The diagnoses include status post lumbar laminectomy and discectomy at L5-S1. Per the doctor's note dated 7/9/2015, he had complaints of severe back pain shooting down his right leg. He went to the ED the month prior to his 6/11/2015 provider visit for a morphine shot due to poor pain control. He rated his pain as an 8 on a scale of 0-10. At best, his pain is a 4 on a scale of 0-10 with medications, and a 10 on a scale of 0-10 when not medicated. The physical examination revealed palpable spasm in the lumbar spine, lumbar range of motion decreased with range of motion causing left sided back pain, sensory loss to light touch and pin prick present in the left lateral calf and sole of the foot, the left thigh weakness in flexion, knee extension, and great toe extension. Medications include Percocet, Tylenol Extra strength, Ibuprofen, Voltaren gel 1%. He states that medications reduce his pain by 50% and improve his function by 50%. Per the records provided he has had a postoperative MRI which revealed left sided L5-S1 radiculopathy impinging the left sacroiliac nerve root. He has undergone a lumbar discectomy in 2010. He has had lumbar spinal epidurals, and physical therapy. He has had last urine drug screen on 1/14/2014. The treatment plan included resumption with medication with a narcotic contract, and instruction to alternate with Voltaren and Ibuprofen for an anti-inflammatory. Pain medication should start with Tylenol for moderate pain and can progress to Percocet for severe pain not relieved by Tylenol. A request for authorization was made for the following: 1. Percocet 10/325mg, #90. 2. Tylenol Extra Strength, #120. 3. Ibuprofen 400mg, #90. 4. Voltaren gel 1% 100gm, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 75-80.

Decision rationale: Percocet 10/325mg, #90. Percocet contains Oxycodone and acetaminophen. Oxycodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "Short- acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Patient had severe back pain shooting down his right leg. He went to the ED the month prior to his 6/11/2015 provider visit for a morphine shot due to poor pain control. He has significant objective findings on physical examination-palpable spasm in the lumbar spine, lumbar range of motion decreased with range of motion causing left sided back pain, sensory loss to light touch and pin prick present in the left lateral calf and sole of the foot, the left thigh weakness in flexion, knee extension, and great toe extension. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Patient is already taking ibuprofen. He states that medications reduce his pain by 50% and improve his function by 50%. At best, his pain is a 4 on a scale of 0-10 with medications, and a 10 on a scale of 0-10 when not medicated. Patient has no evidence of aberrant behavior. He has had last urine drug screen on 1/14/2014. In addition, patient was instructed to take Percocet for severe pain only. Therefore, based on the clinical information obtained for this review the request for Percocet 10/325mg, #90 is deemed medically appropriate and necessary for this patient at this time for prn use.

Voltaren gel 1% 100gm, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Voltaren® Gel (diclofenac).

Decision rationale: Voltaren gel 1% 100gm #1. The cited Guidelines regarding topical analgesics state, "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." Any intolerance or contraindication to oral medications (other than NSAID) is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure to antidepressants and anticonvulsants is not specified in the records provided. In addition, per the ODG cited above Voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations." The medical necessity of Voltaren gel 1% 100gm, #1 is not established for this patient at this time.