

Case Number:	CM15-0147460		
Date Assigned:	08/10/2015	Date of Injury:	11/21/2009
Decision Date:	09/21/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (n) 61-year-old male, who sustained an industrial injury on 11-21-09. He reported injury to his lower back. The injured worker was diagnosed as having lumbar disc degeneration, spinal stenosis of the lumbar spine and right shoulder impingement. Treatment to date has included a lumbar fusion on 6-9-13, a lumbar MRI and physical therapy. Current medications include Ibuprofen, Amitriptyline, Butrans patch, Norco, Diazepam and Oxycodone since at least 4-8-15. As of the PR2 dated 6-26-15, the injured worker reports pain in his lower back. He indicated the symptoms are aggravated by bending, extension, flexion and sitting. Symptoms are relieved by exercise, pain medications and stretching. Objective findings include an antalgic gait, decreased lumbar range of motion and tenderness in the left sciatic notch. The treating physician requested Voltaren gel 1% #12, Oxycodone 10mg, Salmon oil-1000mg-200mg capsules and Vitamin D3 5000unit tablet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The 61-year-old patient is experiencing lower back pain radiating to the anterior dermatome and suffers from degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of the lumbar region, right shoulder impingement, and diverticulosis of the colon, as per progress report dated 06/26/15. The request is for VOLTAREN 1% GEL #12. The RFA for this request is dated 06/29/15, and the patient's date of injury is 11/21/09. Diagnoses, as per progress report dated 06/26/15, included post laminectomy disc syndrome and bulging lumbar disc. Medications included Amitriptyline, Butrans patch, Diazepam, Motrin, Norco, Voltaren gel, Salmon oil, Vitamin D3 and Sam-E. The patient also suffers from insomnia, as per progress report dated 05/20/15. The patient is status post multilevel anterior posterior interbody fusion at L2-3, L3-4 and L4-5. The patient is on modified duty, as per AME report dated 11/30/14. The MTUS has the following regarding topical creams (p111, Topical Analgesics section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a prescription of Voltaren gel is only noted in progress report dated 06/26/15. It is not clear, if this is the first prescription or if the patient has used this topical before. There is no documentation of efficacy. With regards to this request, the treater does not discuss how the gel will be used and the targeted body part. Additionally, there is no diagnoses of peripheral joint arthritis and tendinitis for which Voltaren gel is recommended. MTUS does not support the use of topical NSAIDs for axial, spinal pain. Hence, the request IS NOT medically necessary.

Oxycodone 10mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The 61-year-old patient is experiencing lower back pain radiating to the anterior dermatome and suffers from degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of the lumbar region, right shoulder impingement, and diverticulosis of the colon, as per progress report dated 06/26/15. The request is for OXYCODONE 10mg (UNKNOWN QUANTITY). There is no RFA for this request, and the patient's date of injury is 11/21/09. Diagnoses, as per progress report dated 06/26/15, included post laminectomy disc syndrome and bulging lumbar disc. Medications included Amitriptyline, Butrans patch, Diazepam, Motrin, Norco, Voltaren gel, Salmon oil, Vitamin D3 and Sam-E. The patient also suffers from insomnia, as per progress report dated 05/20/15. The patient is status post multilevel anterior posterior

interbody fusion at L2-3, L3-4 and L4-5. The patient is on modified duty, as per AME report dated 11/30/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, Oxycodone along with Norco is first mentioned in progress report dated 01/05/15. As per progress report dated 04/08/15, the patient has been taking Norco, Motrin and Valium for 2 years and it has been providing 30% analgesia. The CURES reports are consistent and side effects include insomnia and physical dependence. In progress report dated 06/26/15, the treater states that the patient "takes rare Norco with good relief." However, the treater does discuss the efficacy of Oxycodone in any of the progress reports. The reports do not indicate before and after analgesia using a pain scale nor does the treater provide specific examples that indicate improvement in function after Oxycodone use. No UDS report is available for review. MTUS requires a clear discussion regarding 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued Oxycodone use. Additionally, the request does not include quantity or duration of treatment and MTUS does not support such open-ended requests. Hence, the request IS NOT medically necessary.

Salmon Oil - 1000 1000mg - 200mg capsule (quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Omega 3 fatty acids (EPA/DHA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) under Omega-3 fatty acids (EPA/DHA).

Decision rationale: The 61-year-old patient is experiencing lower back pain radiating to the anterior dermatome and suffers from degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of the lumbar region, right shoulder impingement, and diverticulosis of the colon, as per progress report dated 06/26/15. The request is for SALMON OIL - 1000 1000mg - 200mg CAPSULE (QUANTITY UNKNOWN). There is no RFA for this request, and the patient's date of injury is 11/21/09. Diagnoses, as per progress report dated 06/26/15, included post laminectomy disc syndrome and bulging lumbar disc. Medications included Amitriptyline, Butrans patch, Diazepam, Motrin, Norco, Voltaren gel, Salmon oil, Vitamin D3 and Sam-E. The patient also suffers from insomnia, as per progress report dated 05/20/15. The patient is status post multilevel anterior posterior interbody fusion at L2-3, L3-4 and L4-5. The patient is on modified duty, as per AME report dated 11/30/14. ODG guidelines, Pain (chronic) under Omega-3 fatty acids (EPA/DHA) states the following: Recommended for treatment of certain cardiovascular conditions (see below) and for treatment of rheumatoid arthritis. Use for treatment of mood disorders (such as depression) is best suited for pregnant and lactating

women, elderly people who cannot tolerate the side effects of conventional antidepressants, and people with cardiovascular and autoimmune disease (for which there may be dual benefits). In this case, a request for Salmon oil capsules is only noted in progress report dated 06/26/15. The treater does not discuss the purpose of the request. ODG guidelines recommend the use of omega-3 supplements in pregnant women, elderly patients, and in individuals with cardiovascular and autoimmune diseases. While there is no documentation of arthritis, the patient does suffer from chest pain, claudication and irregular heartbeat, and may benefit from Salmon oil. However, the request does not include quantity and duration of treatment. Guidelines do not support such open-ended requests. Hence, it IS NOT medically necessary.

Vitamin D3 5000 unit tablet (quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Vitamin D.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Vitamin D.

Decision rationale: The 61-year-old patient is experiencing lower back pain radiating to the anterior dermatome and suffers from degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of the lumbar region, right shoulder impingement, and diverticulosis of the colon, as per progress report dated 06/26/15. The request is for VITAMIN D3 5000 UNIT TABLET (QUANTITY UNKNOWN). There is no RFA for this request, and the patient's date of injury is 11/21/09. Diagnoses, as per progress report dated 06/26/15, included post laminectomy disc syndrome and bulging lumbar disc. Medications included Amitriptyline, Butrans patch, Diazepam, Motrin, Norco, Voltaren gel, Salmon oil, Vitamin D3 and Sam-E. The patient also suffers from insomnia, as per progress report dated 05/20/15. The patient is status post multilevel anterior posterior interbody fusion at L2-3, L3-4 and L4-5. The patient is on modified duty, as per AME report dated 11/30/14. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement". ODG-TWC Guidelines, online, Pain Chapter under Vitamin D states vitamin D deficiency is not considered a workers' compensation condition. In this case, a request for Vitamin D is only noted in progress report dated 06/26/15. The treater does not discuss the purpose of the request. It is not clear if the patient suffers from a deficiency or not. Nonetheless, ODG guidelines do not consider Vitamin D deficiency as a worker's compensation condition. Additionally, the request does not include quantity or duration of treatment, and guidelines do not support such open-ended requests. Hence, the request IS NOT medically necessary.