

Case Number:	CM15-0148830		
Date Assigned:	08/12/2015	Date of Injury:	01/25/1994
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old male, who sustained an industrial injury on January 25, 1994. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included lumbar radiculitis, secondary myofascial pain syndrome, muscle spasms, lumbar spine radiculopathy, fibromyalgia-myositis and post-laminectomy syndrome. Treatment and evaluation to date has included medications, radiological studies, trigger point injections and lumbar spine surgery. Work status was noted to be permanent and stationary. The current work status was not identified. Most current documentation dated April 3, 2015 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities. The pain was characterized as aching, radiating and sore. Examination of the lumbar spine revealed tenderness to palpation on the right side and intervertebral discs. No palpable trigger points were noted in the lumbar spaces. The injured workers pain was noted to be controlled with the current medication regime and the medications helped with preservation of functional capacity. The treating physician's plan of care included requests for Oxycodone-Acetaminophen 5-325 mg tablet # 100 (refills not specified), 1 tablet four times a day prn for 30 days, for symptoms related to the lumbar spine (lower back) as an out-patient and Voltaren 1% topical gel, dispense 5 tubes with 1 refill, 1 gram every 8 hours prn for 30 days, for symptoms related to the lumbar spine (lower back) as an out-patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 5/325 mg tablet Qty 100 refills not specified, 1 tablet four times a day prn for 30 days, for symptoms related to the lumbar spine (lower back) as an out-patient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress note dated 7/21/15, it was noted that medications decrease his level of pain and increase his functionality. He is able to do ADLs with the medications. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent UDS assuring appropriate usage, the request is not medically necessary.

Voltaren 1% topical gel, dispense 5 tubes with 1 refill, 1 gram every 8 hours prn for 30 days, for symptoms related to the lumbar spine (lower back) as an out-patient: Upheld

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

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

Decision rationale: With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.

