

Case Number:	CM15-0184479		
Date Assigned:	09/25/2015	Date of Injury:	06/09/2014
Decision Date:	10/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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 46 year old female, who sustained an industrial injury on 6-9-14. The injured worker was diagnosed as having lumbar sprain; neuralgia-neuritis NOS; lumbago; lumbosacral neuritis NOS; arthropathy NOS; sacroiliitis; myalgia and myositis NOS. Treatment to date has included physical therapy; Toradol injection (3-13-15); medications. Diagnostics studies included X-rays lumbar spine and MRI lumbar spine (6-2-15). Currently, the PR-2 notes dated 6-5-15 indicated the injured worker returns for a follow-up visit. The provider documents "She continues to have persistent lower back and left lower extremity pain stating her pain severity today is 7 out of 10. She describes her pain as deep and aching, throbbing pain with radiating to the right leg. She continues to have a dipping motion while walking and is feeling quite a bit weaker. She did do some physical therapy, but it only aggravated her symptoms. She also did lumbar MRI and x-rays, which we did review today and, if needed, we were to send her for neurological consultation. I would like neurologist to look at her symptoms and causing for the dipping in the legs and the extreme weakness, possibly a brain MRI to rule out multiple sclerosis." He reviewed her x-rays of the lumbar spine dated 6-2-15 impression "Mild to moderate narrowing of L4-L5 intervertebral disc, mild lumbar spondylosis, and mild facet degeneration at lower lumbar levels." Lumbar spine MRI 6-2-15 impression: "Small disc protrusion L4-5, posterior annular tearing, minimal left foraminal disc protrusion L3-L4. No segmental stenosis or encroachment. Mild facet arthritis lower levels. No abnormalities visualized on sacral joint exam." There was a consultation dated 7-8-14 that diagnosed the injured worker with lumbar facet joint arthropathy and recommended lumbar facet joint

injections. On physical examination, the provider reports "Tenderness and spasms noted lumbar paraspinal muscle, stiffness noted on motion of the spine. Antalgic gait noted to right dipping while walking. Strength 4 out of 5 right hip flexion. Dysesthesia to light touch right L5-S1 dermatome. Strength 4 out of 5 lower extremities. Patrick's test positive. Otherwise, no changes noted." The provider's treatment plan included medications request and a neurology consult. He also requested a front-wheeled rolling walker due to a fall-risk. The PR-2 dated 5-7-15 is documented by the provider noting, returns with persistent low back pain and reports having 7 out of 10 severity low back radiating to the right lower extremity. It is associated with weakness in the right leg and her right leg dips while walking. Current medications are helping for pain and she is requesting refills of her medications. Prescriptions for Norco, Tizanidine, ibuprophen and Omeprazole were given on this date. The medical documentation submitted describes the medication Voltaren Gel 1% 200mg as far back as 3-3-15. A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 8-19-15 modified the certification for Hydrocodone /APAP 7.5/325mg #60 for 30 days to a quantity of #30 only and non-certification was for Voltaren Gel 1% 200mg. Utilization Review referenced the CA MTUS Guidelines. A request for authorization has been received for Hydrocodone/APAP 7.5/325mg #60 for 30 days and Voltaren Gel 1% 200mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325mg #60 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for a year without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hydrocodone (Norco) is not medically necessary.

Voltaren Gel 1% 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 and additional 3 months refill is not indicated. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. The claimant was already using oral NSAIDS. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.