

<b>Case Number:</b>	CM15-0191026		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 54 year old female who sustained an industrial injury on February 23, 2012. A recent primary treating office visit dated September 17, 2015 reported present subjective complaint of "continues to have lower back pain with pain and numbness down the left anterior thigh to the knee." She "continues to have pain over the left greater trochanter." She complains of intermittent pain down the right lower extremity and constant pain in the right foot. Current medications noted: Norco, Lexapro, and Lisinopril. The impression found diagnostics studies done of May 06, 2015: hardware in good position at L4-5 with interbody cage; L5 small minimally displaced anterior vertebral body chip; small spondylolisthesis at L1-2 and left hip degenerative joint disease appearing endplate style changes. The following were applied to this visit: chronic intractable pain; bilateral knee pain; L5-S1 degenerative disc disease; L4-5 stenosis; L4-5 facet arthropathy; grade I spondylolisthesis L4 on L5; status post bilateral L4-5 laminotomy, TLIF with foraminotomy and dural tear repair March 18, 2015. There is note of "continued recommendation for authorization of medication Flector, and physical therapy additional session. Previous treatment to include: activity modification, medications, physical therapy, surgery. Primary follow up dated August 26, 2015 reported Voltaren gel being prescribed to avoid increasing narcotic medications. A random urine drug screening done on July 29, 2015 revealed undetected Hydrocodone. Primary follow up dated July 29, 2015 reported "she has been denied medications." There is also note of "urine toxicology screen completed on July 01, 2015 is consistent with medications prescribed." The plan of care is with requesting recommendation for Norco and "continue to wean the patient's medications as her pain resolves

and when the time is appropriate." On September 11, 2015 a request was made for Norco and Voltaren gel which were both noncertified by Utilization Review on September 17, 2015.

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

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

**Post operative physical therapy, 2 times weekly for 3 weeks, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** According to the guidelines, 16 visits over 8 weeks of therapy are recommended in the 1st 2 months after surgery. The claimant underwent surgery 6 months ago and completed over 20 sessions of therapy. There is no indication that additional therapy cannot be completed at home. The request for additional 6 sessions of therapy is not medically necessary.

**Norco 10/325 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

**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:** Norco 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 Norco for several months without significant improvement in pain (1-point reduction in score) or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**Voltaren 5% gel, Qty 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Topical analgesics.

**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 does not have arthritis. He claimant also required oral analgesics. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel with 3 refills is not medically necessary.