

Case Number:	CM15-0198398		
Date Assigned:	10/13/2015	Date of Injury:	08/09/2004
Decision Date:	12/23/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/08/2015

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: 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 60 year old male, who sustained an industrial injury on 08-09-2004. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for status post lumbar laminectomy and discectomy L5-S1 with postoperative MRI revealing "L5-S1 radiculopathy impinging the left S1 nerve root with ongoing radicular pain." Treatment and diagnostics to date has included lumbar spine surgery, MRI, and medications. Recent medications have included Percocet, Tylenol Extra Strength, Ibuprofen, and Voltaren gel (all medication since at least 07-18-2014). After review of progress notes dated 08-06-2015 and 09-03-2015, the injured worker reported back pain radiating down his right leg and reports a "50% reduction in pain and functional improvement with activities of daily living with the medications." The injured worker rated his current pain level 8 out of 10, best level a 4 out of 10 with medications, and 10 out of 10 without medications. Objective findings included palpable spasm in the lumbar trunk. The request for authorization dated 09-08- 2015 requested Percocet 10-325mg #90, OTC (over the counter) Tylenol Extra Strength #120, Ibuprofen 400mg #90, and Voltaren 1% gel 100g tube. The Utilization Review with a decision date of 09-17-2015 non-certified the request for Percocet 10-325mg #90, OTC (over the counter) Tylenol Extra Strength #120, Ibuprofen 400mg #90, and Voltaren 1% gel 100g tube.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: The MTUS guidelines not that opioids may be continued if pain is improved and there is functional improvement. The MTUS guidelines, also note that the MED (morphine equivalent dosage) should not exceed 120. In this case, the injured worker is followed for chronic pain. The current MED is 45 and there is no evidence of abuse or diversion. Urine drug screens are consistent and the injured worker has an opioid contract on file. Efficacy and functional benefit is noted with the current medical regimen. The request for Percocet 10/325mg #90 is medically necessary and appropriate.

OTC Tylenol extra strength #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Nonprescription medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Acetaminophen.

Decision rationale: Per the MTUS guidelines, nonprescription medications are recommended. Acetaminophen is the safest. There should be caution about daily doses of acetaminophen and liver disease if over 4 g/day or in combination with other NSAIDs. The injured worker is followed for chronic back pain. Efficacy and functional benefit has been noted with utilization of over the counter acetaminophen. Per ODG, to help encourage appropriate acetaminophen use, the dosing instructions of Extra Strength Tylenol (acetaminophen) have been lowered to a maximum daily dose from 8 pills per day (4,000 mg) to 6 pills per day (3,000 mg). The current cumulative of acetaminophen with Percocet for this injured worker is within the limit of acetaminophen recommended by the guidelines. The request for OTC Tylenol extra strength #120 is medically necessary and appropriate.

Ibuprofen 400mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, Anti-inflammatory medications.

Decision rationale: The MTUS guidelines recommend Ibuprofen for mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. According to the MTUS guidelines, anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the injured worker is followed for chronic pain and is reporting subjective and functional improvement with the utilization of Ibuprofen. The medical records do not establish adverse effects with the utilization of Ibuprofen. The request for Ibuprofen 400mg #90 is medically necessary and appropriate.

Voltaren 1% gel 100g tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter/ Voltaren gel, Pain Chapter/ Diclofenac.

Decision rationale: Per the MTUS guidelines, 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. With regard to Voltaren gel, the MTUS guidelines state that Voltaren Gel 1% (diclofenac) 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. In this case, the injured worker is noted to be utilizing this topical agent for the lumbar spine. According to ODG, Diclofenac is not recommended as first line due to increased risk profile. ODG notes the following, according to FDA MedWatch, postmarketing surveillance of topical diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. If using diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. (FDA, 2011) In 2009 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. (FDA, 2009) With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. The AGS updated Beers criteria for inappropriate medication use includes diclofenac. (AGS, 2012) Diclofenac is associated with a significantly increased risk of cardiovascular complications and should be removed from essential-medicines lists, according to a new review. The increased risk with diclofenac was similar to Vioxx, a drug withdrawn from worldwide markets because of cardiovascular toxicity. Rofecoxib, etoricoxib, and diclofenac were the three agents that were consistently associated with a significantly increased risk when compared with nonuse. With diclofenac even in small doses it increases the risk of cardiovascular events. They recommended naproxen as the NSAID of choice. (McGettigan, 2013) The request for Voltaren gel is not supported. The request for Voltaren 1% gel 100g tube is not medically necessary and appropriate.