

<b>Case Number:</b>	CM15-0199727		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/18/2005
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old male, who sustained an industrial injury on 10-18-05. Medical records indicate that the injured worker is undergoing treatment for a crushing injury of the foot, spasm of muscle and pain in the joint of the ankle and foot. The injured worker is currently not working. On (9-29-15) the injured worker complained of right leg and ankle pain. The injured workers pain was rated 3 out of 10 with medication and 6-7 without medication on the visual analogue scale. The pain level was noted to be unchanged from the prior visit. Examination of the right ankle revealed dorsiflexion to be reduced by at least 75% and inversion was reduced to half of normal. The medial malleoli was swollen and there was loss of sensation along the entire medial aspect of the foot. Treatment and evaluation to date has included medications, x-rays of the right ankle, MRI of the ankle (2007), urine drug screen, physical therapy, a home exercise program and multiple right ankle surgeries. Current medications include Norco (since at least February of 2015) and Prilosec (since at least February of 2015). The injured worker continues on opiate therapy, which increases his activity and functionality with activities of daily living. No aberrant behavior was noted. The injured worker was taking Norco 1-2 tablets twice a week as needed. The Norco was noted to cause gastrointestinal side effects for which the injured worker received Prilosec. The request for authorization dated 9-29-15 included requests for a trial of Voltaren gel 1% 100 grams with three refills to be used to the right ankle twice a day, Norco 10-325 mg # 45 with 1 refill and Prilosec 20 mg # 90 with 3 refills. The Utilization Review documentation dated non-certified the request for Voltaren gel 1% 100 grams with three refills to be used to the right ankle twice a day and modified the requests for Norco 10-325 mg # 45 (original request # 45 with 1 one refill) and Prilosec 20 mg # 90 (original request # 90 with 3 refills).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #45 with 1 refill:** 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): Opioids for chronic pain, Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2005 when he fell sustaining an open fracture of the right tibia and fibula requiring multiple surgeries. He continues to be treated for right leg and ankle pain. When seen, medications were working well. Medications are referenced as decreasing pain from 6-7/10 to 3/10. He was taking Prilosec due to reflux when taking Norco. Physical examination findings included an antalgic gait. There was decreased ankle range of motion. There was medial Malaya was swelling and loss of sensation over the medial aspect of the foot. Prior medications had included Dendracin with which he had been able to decrease his use of Norco. He had noted that in the winter months his pain would increase. A trial of Voltaren gel was started. Weight loss was recommended. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Prilosec 20 mg #90 with 3 refills:** Upheld

**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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2005 when he fell sustaining an open fracture of the right tibia and fibula requiring multiple surgeries. He continues to be treated for right leg and ankle pain. When seen, medications were working well. Medications are referenced as decreasing pain from 6-7/10 to 3/10. He was taking Prilosec due to reflux when taking Norco. Physical examination findings included an antalgic

gait. There was decreased ankle range of motion. There was medial Malaya was swelling and loss of sensation over the medial aspect of the foot. Prior medications had included Dendracin with which he had been able to decrease his use of Norco. He had noted that in the winter months his pain would increase. A trial of Voltaren gel was started. Weight loss was recommended. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Further evaluation of his ongoing symptoms should be considered. The continued prescribing of Prilosec (omeprazole) is not medically necessary.

**Voltaren 1% gel 100 gms with 3 refills:** 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): Topical Analgesics.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2005 when he fell sustaining an open fracture of the right tibia and fibula requiring multiple surgeries. He continues to be treated for right leg and ankle pain. When seen, medications were working well. Medications are referenced as decreasing pain from 6-7/10 to 3/10. He was taking Prilosec due to reflux when taking Norco. Physical examination findings included an antalgic gait. There was decreased ankle range of motion. There was medial Malaya was swelling and loss of sensation over the medial aspect of the foot. Prior medications had included Dendracin with which he had been able to decrease his use of Norco. He had noted that in the winter months his pain would increase. A trial of Voltaren gel was started. Weight loss was recommended. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has reflux symptoms with his current medications and has localized right ankle pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is medically necessary.