

Case Number:	CM15-0202538		
Date Assigned:	10/19/2015	Date of Injury:	06/01/2004
Decision Date:	12/29/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/14/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 55 year old male who sustained an industrial injury on 06-01-2004. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar spine radiculopathy with herniated nucleus pulposus, anxiety and depression. According to the treating physician's progress report on 08-21-2015, the injured worker continues to experience low back pain rated at 8-9 out of 10 without medications and 7 out of 10 on the pain scale with medications. Examination demonstrated tenderness to palpation of the lumbar spine without spasm. There was painful restricted range of motion noted as flexion at 35 degrees, extension at 15 degrees and bilateral lateral bending at 15 degrees each. Prior treatments were not included. Current medications were listed as Percocet (at least since 04-2015), Valium and topical analgesics. No urine drug screening tests were reported. Treatment plan consists of continuing medication regimen, ice treatment, home exercise program with stretching exercises and the current request for Percocet 10mg-325mg #90, Voltaren 10mg #90, unspecified compound creams and urine drug screening. On 09-11-2015 the Utilization Review determined the requests for Percocet 10mg-325mg #90, Voltaren 10mg #90, unspecified compound creams and urine drug screening were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: This is a request for prescription Percocet 10/325 mg #90. Percocet is an oxycodone and acetaminophen combination drug. According to the MTUS guidelines short-acting opioids, such as percocet, are an effective method of pain control for chronic pain. However, failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no clearly documented evidence of reassessment and consideration of alternative therapy. In addition, on-going management MTUS guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And "Consideration of a consultation with a multi-disciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. According to the patient's medical record there is no documented overall improvement in function or return to work. Therefore, the above listed issue is considered NOT medically necessary.

Voltaren 10mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: This is a review for the requested Voltaren 10 mg #90. This patient has documented evidence of chronic low back pain. According to the MTUS guidelines for NSAID's "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-steroidal anti-inflammatory drugs (NSAID's) in chronic LBP." Voltaren is an NSAID. In general NSAID's are recommended with precautions per MTUS guidelines. Some of the precautions are for associated risk of adverse cardiovascular events and/or worsening of preexisting hypertension. According to

the medical record this patient does not have a history of hypertension or cardiovascular disease or hepatic impairment. Therefore, the above listed issue IS considered to be medically necessary.

Unspecified compound creams: Upheld

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

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

Decision rationale: In general topical analgesics and compounds are largely experimental and primarily recommended for neuropathic pain after failure of antidepressants, per MTUS Guidelines. Capsaicin specifically is recommended as an option for patients who have not responded or are intolerant of other treatments. There is no documentation indicating this patient has not responded or is intolerant to other treatments. There is no documentation indicating the reason for the request for these compound creams. According to MTUS guidelines there are several agents including opioids that may be compounded for pain control. There is little research to support the use of these agents. Per MTUS Guidelines, any product that is compounded and contains at least one drug that is not recommended is not recommended. Therefore, the above listed issue is considered NOT medically necessary.

Urine toxicology: 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): Drug testing, Substance abuse (tolerance, dependence, addiction).

Decision rationale: According to MTUS Guidelines a Urine Drug Screen or toxicology should be used to assess for the use or presence of illegal drugs. A Urine Drug Screen may be required if there is suspected non-compliance or to avoid misuse/abuse of opioids. Although there is a request for a Urine Drug Screen for this patient to assess for compliance and identify drug diversion there is no mention of why the practitioner is suspect of non-compliance or diversion. In addition, there is no discussion or mention of rationale for screening for this patient. Therefore, the above listed issue is considered NOT medically necessary.