

Case Number:	CM15-0212555		
Date Assigned:	11/06/2015	Date of Injury:	06/30/1998
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/28/2015

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 52 year old female with an industrial injury date of 06-30-1998. Medical record review indicates she is being treated for degeneration of cervical intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, lumbosacral radiculitis and long-term drug therapy. Subjective complaints (10-20-2015) included "severe" pain in her left leg, left ankle and lumbar spine. She notes her neck and her low back are the most painful areas. "Her sleep is a little better." The pain with medications is described as 7 out of 10 and without medications as 10 out of 10. Current medications (10-20-2015). Butalbital-acetaminophen-caffeine. Docusate. Duloxetine. Gabapentin. Hydrocodone - since at least 11-04-2014. Omeprazole. Oxycontin - since at least 11-04-2014. Voltaren gel - since at least 2012. Zolpidem. Physical exam (10-20-2015) noted depressed and flat affect. She was ambulatory with posture "head forward." The treating physician noted marked loss of cervical range of motion in all fields. There were severe myofascial trigger points in the trapezius muscles and lumbar paraspinous muscles. The treating physician noted no aberrant behavior and a 45 % decrease in pain. Urine drug screen was performed at the visit. On 10-28-2015, utilization review issued the following decision for the requested treatments: Voltaren 1% topical gel, 100 gm with 2 refills - non-certified. Oxycontin 40 mg crush resistant ER, #90 x 1 refill (No fill until 11-21-15) - modified to Oxycontin 40 mg tablet crush resistant extended release quantity of 90 refills 0 (do not fill until 11-21-2015.). Hydrocodone/Acetaminophen 10/325 mg, #120 x 1 refill (No fill until 11/21-15) Hydrocodone-Acetaminophen 10-325 mg #120 refill 0 (no fill until 11-21-2015.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel, 100gm with 2 refills: 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 years and additional 2 months refill is not indicated. 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 is not medically necessary.

Oxycontin 40mg crush resistant ER, #90 x 1 refill (No fill until 11/21/15): 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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing.

Decision rationale: According to the MTUS guidelines, Oxycontin 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. The claimant was on Oxycontin for over a year in combination with Hydrocodone and Carsiprodolol in doses exceeding the 120 mg Morphine equivalent while increasing the risk of addiction. The claimant was on numerous analgesics and pain reduction attributed to Norco is unknown. Long Term-use has not been supported by any trials. Continued use of Oxycontin is not medically necessary.

Hydrocodone/Acetaminophen 10/325mg, #120 x 1 refill (No fill until 11/21/15): 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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

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 over a year in a combined dose with Oxycontin that exceeds a 120 mg Morphine equivalent. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.