

<b>Case Number:</b>	CM15-0217533		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	07/07/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for low back and neck pain reportedly associated with an industrial injury of July 7, 2015. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve requests for extended-release Voltaren, Norco, and eight sessions of acupuncture. The claims administrator referenced an RFA form received on October 6, 2015 in its determination. On a handwritten progress note dated September 26, 2015, difficult to follow, and not entirely legible, the applicant was described as not working. Epidural steroid injection therapy was pending. Norco was apparently endorsed. On a handwritten note dated September 18, 2015, difficult to follow, not entirely legible, the applicant reported ongoing issues with low back pain radiating to the left leg. Epidural steroid injection, oral Voltaren, Neurontin, and Flexeril were all seemingly endorsed, along with acupuncture and trigger point injection therapy. The stated diagnoses included strain of cervical spine, strain of lumbar spine, myofascial pain syndrome, and lumbosacral radiculopathy. The applicant was deemed "not fit for duty," the treating provider reported. In a separate narrative report dated September 18, 2015, treating provider acknowledged that the applicant was working. The applicant had not tried acupuncture, the treating provider reported. The applicant was already on Norco and Flexeril, the treating provider reported. Extra-strength Voltaren, Prilosec, Neurontin, and Flexeril were endorsed on this date. The treating provider seemingly stated, somewhat incongruously, that he was asking the applicant to discontinue other medications, including Norco. A lumbar support and epidural steroid injection therapy were endorsed. Four trigger point injections were sought.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 451.

**Decision rationale:** No, the request for Voltaren extended-release was not medically necessary, medically appropriate, or indicated here. The applicant's primary operating diagnosis here was the low back pain. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 does recommend NSAIDs such as Voltaren in the treatment of low back pain, as was seemingly present here, this recommendation is, however, contravened by a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes that diclofenac (Voltaren) does not have clear superiority for low back pain, may have an increased risk for adverse cardiovascular effects and generally should "not be used" in the low back pain context present here. The Third Edition ACOEM Guidelines Low Back Disorder Chapter goes on to note that Motrin and Naprosyn represent first-line NSAIDs for low back pain. Here, the attending provider failed to furnish a clear or compelling rationale for provision of Voltaren (diclofenac) in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**Norco (quantity unspecified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 does acknowledge that a short-course of opioid is deemed "optional" in the management of the low back pain complaints as were/are present here, this recommendation is, however, qualified by commentary in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, the treating provider reported on September 18, 2015. Numerous other forms of medical treatments to include oral Voltaren, acupuncture, Flexeril, trigger point injection therapy, and epidural steroid injection were all sought on the

September 18, 2015 office visit at issue. The treating provider himself suggested that the applicant discontinue Norco, presumably on the grounds that it was not altogether effectual. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Acupuncture 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Finally, the request for eight sessions for acupuncture was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in the MTUS 9792.24.1a acknowledged that acupuncture can be employed for a wide variety of purposes, including as an adjunct to physical rehabilitation, in applicants in whom analgesic medications are not tolerated, to reduce pain, reduce inflammation, reduce muscle spasm, promote relaxation, etc. This physician is, however, quailed by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce function improvement following introduction of acupuncture is 3 to 6 treatments. Here, thus, the request for an initial course of eight sessions of acupuncture, thus, was at odds with the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c1. Therefore, the request was not medically necessary.