

Case Number:	CM15-0223168		
Date Assigned:	11/19/2015	Date of Injury:	12/14/2010
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 injured worker is a 47 year old female, who sustained an industrial-work injury on 12-14-10. A review of the medical records indicates that the injured worker is undergoing treatment for acute flare-up of back pain with left leg sciatica. Treatment to date has included pain medication, Norco since at least May 2015, Voltaren gel since at least May 2015, Percocet, Valium, Cyclobenzaprine, Lidocaine topical, Naproxen, chiropractic, Transcutaneous electrical nerve stimulation (TENS), activity modifications and other modalities. Medical records dated 10-7-15 indicate that the injured worker complains of pain across the lower back that goes through the buttocks and into the left leg and groin. The pain is rated 5 out of 10 on pain scale with rest and 8 out of 10 with activity. The physician indicates that the pain remains in the low back and has been present for 5 years and is highly unlikely to change significantly in the future. Per the treating physician report dated 10-7-15 the injured worker has returned to work. The physical exam reveals a very stiff and painful back, decreased range of motion of the lumbar spine, stretch tests are positive into the left leg confirming nerve entrapment-impingement in the low back. The physician indicates that tender, guarded muscles remain present across the lumbar spine. The treatment plan is for medications. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The records do not indicate least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The documentation does not indicate neuropathic pain and the documentation does not indicate failure of first line therapy such as antidepressants or anticonvulsants. The medical records do not document failure of oral pain medications. The request for authorization date was 10-19-15 and requested services included Norco 10-325 mg #90 and Voltaren gel 1% 1 tube apply to LSP 2x daily. The original

Utilization review dated 10-26-15 non-certified the request for Norco 10-325 mg #90 and Voltaren gel 1% 1 tube apply to LSP 2x daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, despite extended use of Norco, there is a lack of quantifiable pain relief or evidence of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg #90 is not medically necessary.

Voltaren gel 1% - 1 tube apply to LSP 2x daily: 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: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). This medication has not been evaluated for use with the spine. The request for Voltaren gel 1% - 1 tube apply to LSP 2x daily is not medically necessary.