

<b>Case Number:</b>	CM15-0039738		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	10/06/2008
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 73 year old male who sustained an industrial injury on October 6, 2008. He has reported low back pain radiating to bilateral lower extremities and has been diagnosed with status post anterior posterior fusion, flare up secondary to moderate to severe transition syndrome at L2-L3 with retrolisthesis of 8mm, and transition syndrome with critical stenosis L2-L3. Treatment has included medications, home exercise program, and cortisone injections. Currently the injured worker continues to have pain in the lower back, radiating to the bilateral lower extremities, and bilateral knee pain left greater than right. The treatment plan included surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** This patient has a date of injury of 10/06/08 and presents chronic low back pain. The current request is for VOLTAREN XR 100MG #30. The Request for Authorization dated 02/29/15 requests Voltaren XR 100mg #30, 1PO QD, NORCO 10/325MG #60, 1 PO Q4-6H PRN for pain. The MTUS Guidelines page 22 supports the use of NSAID as a first-line of treatment for chronic LBP. Physical examination revealed constant low back pain with radiation to the bilateral lower extremities down to the feet. There is associated numbness and tingling as well as weakness and spasms. The treating physician recommends lumbar surgery. The medical file provide for review includes 2 progress report dated 12/5/14 and 01/19/15 and neither of these reports provide any discussion regarding this medication. It appears to be an initial request. The Utilization review denied the request stating that there is no discussion as to why that patient cannot use OTC NSAIDs. In this case, there is no indication that surgery has been approved; however, given the patient continues complaints of pain and examination findings the requested Voltaren #30 is in accordance with MTUS. This request is medically necessary.

**1PO QD Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient has a date of injury of 10/06/08 and presents with constant low back. The current request is for IPO QD NORCO 10/325MG #60. The Request for Authorization dated 02/29/15 requests Voltaren XR 100mg #30, 1PO QD, NORCO 10/325MG #60, 1PO Q4-6H PRN for pain. Physical examination revealed constant low back pain with radiation to the bilateral lower extremities down to the feet. There is associated numbness and tingling as well as weakness and spasms. The treating physician recommends lumbar surgery. The medical file provide for review includes 2 progress report dated 12/5/14 and 01/19/15 and neither of these reports provide any discussion regarding this medication. It appears to be an initial request. In this case, there is no indication that surgery has been approved and the treating physician has not provided a function or pain assessment to necessitate a start of a new opioid. MTUS Guidelines page 76 to 78, under the criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities. This request IS NOT medically necessary.

**1PO Q4-6H PRN for Pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient has a date of injury of 10/06/08 and presents with constant low back pain. The current request is for 1PO Q4-6H PRN. The Request for Authorization dated 02/29/15 requests Voltaren XR 100mg #30, 1PO QD, NORCO 10/325MG #60, 1PO Q4-6H PRN for pain. This appears to be part of the Norco request. The patient is status post lumbar fusion from 2010. Back pain with radiation to the bilateral lower extremities down to the feet. There is associated numbness and tingling as well as weakness and spasms. The treating physician recommends lumbar surgery. The medical file provide for review includes 2 progress report dated 12/5/14 and 01/19/15 and neither of these reports provide any discussion regarding this medication. It appears to be an initial request. In this case, there is no indication that surgery has been approved and the treating physician has not provided a function or pain assessment to necessitate a start of a new opioid. MTUS Guidelines page 76 to 78, under the criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that: Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities. This request IS NOT medically necessary.