

Case Number:	CM15-0050077		
Date Assigned:	03/23/2015	Date of Injury:	08/02/2012
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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, Pain Management

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 63 year old male, who sustained an industrial injury on 8/02/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included conservative measures, including medications and a home exercise program. Currently, the injured worker reports that back symptoms are about the same, since last seen in 9/2014. He reported the need for medications to reduce pain 40-50%, and allow him to perform activities of daily living and a home exercise program. Objective findings included Dorsolumbar flexion 80, extension 10, and right and left bending at 20. The treatment plan included Tylenol #3 for severe pain, Voltaren gel as needed, and follow-up in three months. The previous visit did not include the injured worker's medication regime and his physical exam noted identical findings to the exam of 2/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 quantity 60 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tylenol 3, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged that there should be better documentation regarding discussion about side effects and monitoring for aberrant use. However, continuing the medication for a few months to allow the requesting physician time to document these things seems reasonable due to the improved pain and function which in the medication provides. In light of the above, the currently requested Tylenol 3 is medically necessary.

Voltaren gel 2g with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren is for short term use, as recommended by guidelines. Finally, guidelines do not support the use of topical NSAIDs for spinal conditions. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.