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| <b>Case Number:</b>   | CM15-0059490 |                              |            |
| <b>Date Assigned:</b> | 04/06/2015   | <b>Date of Injury:</b>       | 10/02/2003 |
| <b>Decision Date:</b> | 05/12/2015   | <b>UR Denial Date:</b>       | 03/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/30/2015 |

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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 64-year-old female, who sustained an industrial injury on October 2, 2003. She has reported bilateral knee pain, back pain, and shoulder pain. Diagnoses have included right knee degenerative joint disease, joint pain, back facet and altered gait. Treatment to date has included medications, knee bracing, and use of a cane, acupuncture, aqua therapy, exercise, chiropractic care, massage, epidural injection, knee injection, total knee replacement and trigger point injections. A progress note dated March 10, 2015 indicates a chief complaint of bilateral knee pain and back pain. The treating physician documented a plan of care that included continuation of medications. The UDS was reported as consistent. The medications listed are Norco, Voltaren, Xanax, Flector patch, Voltaren gel and Allopurinol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedatives. The records indicate that the patient had been on chronic opioids medications for prolonged periods. The patient is utilizing other sedatives concurrently. The guidelines do not support the prescription of opioid refills because of the required documentation for clinic re-evaluation of continued opioid requirements. The criteria for Hydrocodone/APAP 10/325mg #120 with 1 Refill was not met therefore the request is not medically necessary.

**Voltaren gel 1% 100gm tube with 5 refills:** Upheld

**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 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiovascular and gastrointestinal complications. The utilization of multiple NSAIDs is associated with increased risk of these adverse effects. The records indicate that the patient is utilizing multiple topical NSAIDs concurrently. The use of topical NSAIDs is associated with rapid decreased efficacy compared to oral NSAIDs. The guidelines support the use of topical NSAIDs only for extremities joints. The records show that the patients have significant low back pain in addition to the knee pain. The criteria for the use of Voltaren gel 1% 100gm with 5 refills was not met therefore the request is not medically necessary.