

Case Number:	CM15-0239709		
Date Assigned:	12/16/2015	Date of Injury:	07/20/2009
Decision Date:	01/27/2016	UR Denial Date:	11/28/2015
Priority:	Standard	Application Received:	12/08/2015

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, Illinois

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 49 year old male who sustained an industrial injury on 7-20-2009. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, cervical spine stenosis, lumbar radiculopathy, occipital neuralgia, status post bilateral shoulder arthroscopic surgeries, and status post lumbar disc replacement and fusion surgery. On 10-22-2015, the injured worker reported neck pain and low back pain that radiated down the left lower extremity with numbness in the left lower extremity to the level of the foot with pain rated as 4 out of 10 with medications on average since the previous visit, and 7 out of 10 without medications on average since the previous visit with the pain reported to be improved since the previous visit. The Primary Treating Physician's report dated 10-22-2015, noted the injured worker was post cervical epidural steroid injection (ESI) on 10-13-2015 with greater than 80% overall improvement with good functional improvement. The injured worker's current medications and physical therapy were noted to be helpful with decreased pain, increased level of function and improved quality of life. The physical examination was noted to show lumbar spine spasm and tenderness to palpation in the spinal vertebral area L4-S1 and limited range of motion (ROM) secondary to pain. Decreased sensitivity was noted along the L5-S1 dermatome in the bilateral lower extremities with bilateral positive straight leg raise. The treatment plan was noted to include a home exercise program (HEP), recommended weight loss program, and renewal of current medications of Cialis, Flexeril, Gabapentin, Norco, prescribed since at least 2013, Voltaren gel, prescribed since at least 6-25-2015, and Atorvastatin. The injured worker's work status was noted to be working full time with restrictions. The request for authorization was

noted to have requested 30 Norco 10-325mg with 1 refill and 1 prescription of Voltaren gel with 1 refill. The Utilization Review (UR) dated 11-28-2015, modified the request for 30 Norco 10-325mg with 1 refill to certification of 15 Norco 10-325 with the remaining 15 pills and one refill non-certified, and non-certified the request for 1 prescription of Voltaren gel with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Norco 10/325mg with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for osteoarthritis, Opioids for neuropathic pain.

Decision rationale: The injured worker sustained a work related injury on 7-20-2009. The medical records provided indicate the diagnosis of cervical radiculopathy, cervical spine stenosis, lumbar radiculopathy, occipital neuralgia, status post bilateral shoulder arthroscopic surgeries, and status post lumbar disc replacement and fusion surgery. Treatments have included home exercise program (HEP), recommended weight loss program, and renewal of current medications of Cialis, Flexeril, Gabapentin, Norco, prescribed since at least 4-30-2015, Voltaren gel, prescribed since at least 6-25-2015, and Atorvastatin. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records revealed the injured worker has been using this medication since at least 2013, but with documented evidence of functional improvement. The injured worker is well monitored. The medical records provided for review reveals that 30 Norco 10/325mg with 1 refill is medically necessary.

1 Prescription of Voltaren gel with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 7-20-2009. The medical records provided indicate the diagnosis of cervical radiculopathy, cervical spine stenosis, lumbar radiculopathy, occipital neuralgia, status post bilateral shoulder arthroscopic surgeries, and status post lumbar disc replacement and fusion surgery. Treatments have included

home exercise program (HEP), recommended weight loss program, and renewal of current medications of Cialis, Flexeril, Gabapentin, Norco, prescribed since at least 4-30-2015, Voltaren gel, prescribed since at least 6-25-2015, and Atorvastatin. Voltaren (Diclofenac) gel, is a topical analgesic, which like others in their group are largely experimental primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that it is 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, therefore considering the problem is in the spine and shoulder, the requested treatment with 1 Prescription of Voltaren gel with 1 refill is not medically necessary.