

<b>Case Number:</b>	CM14-0149308		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/14/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male with a reported date of injury on 11/14/2002. The injury reportedly occurred when the injured worker was hauling wine, drove through a bumpy road, and hit a particularly bad bump. His diagnoses were noted to include severe L3-4 and L4-5 spinal stenosis, lumbar disc protrusion at L3-4 with radiculopathy, and myofascial pain. His previous treatments were noted to include physical therapy and medications. The progress note dated 08/21/2014 revealed complaints of abdominal pain. The injured worker complained of anxiety. The injured worker revealed his pain could get up to 10/10, and the pain medications decreased his pain to a 7/10, which enabled more walking, cleaning, and laundry. The physical examination revealed absent deep tendon reflexes to the bilateral ankles. The range of motion to the lumbar spine was diminished, with a negative straight leg raise. The request for authorization form dated 08/21/2014 was for Percocet 10/325 mg #112 for pain and Arnica Montana #1 bottle #540 tablets for muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arnica Montana 1 bottle #540 tabs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back disorders. IN: Hegman KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health

problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: DailyMed-Arniflora-arnica montana gel.

**Decision rationale:** The injured worker complains of low back pain and muscle spasms. "Temporarily relieves muscle pain, stiffness, and swelling associated with overexertion, sprains, falls, blows, and minor sports injuries and reduces pain, swelling, and discoloration from bruises". There was a lack of documentation regarding efficacy of this medication and improved functional status. There is no peer reviewed literature to support the use of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Percocet 10/325 mg #112:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The injured worker has been utilizing this medication since at least 06/2009. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and the last urine drug screen performed in 01/2014 was consistent with therapy. Therefore, despite the recent, consistent urine drug screen, due to the lack of documentation regarding improved functional status, significant pain relief, and side effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.