

<b>Case Number:</b>	CM14-0160313		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Emergency Medicine has a subspecialty in Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 51-year-old female who reported an injury while pulling an order of heavy pipe on 02/25/2008. On 10/07/2014, her diagnoses included cervical strain with radiculopathic findings in her arms, RSD of right forearm, laceration over the median nerve, thoracic intervertebral disc herniations with radicular pain and hypalgesia, mild thoracic sensory radiculopathy with cutaneous loss of sensation in the thoracic dermatomal distributions associated with thoracic intervertebral herniations, muscle spasm in the paravertebral regions associated with thoracic intervertebral disc herniations, severe anxiety and depression aggravated by chronic pain, lumbosacral strain, and sleep dysfunction associated with chronic pain. Her medications included MiraLax 100 mg for constipation, Norco 10/325 mg for breakthrough thoracolumbar pain, baclofen 10 mg for muscle spasms in the back, Wellbutrin XL 350 mg for pain induced depression, Voltaren gel for joint pain, Zohydro 10 mg for severe thoracolumbar pain, docusate 100 mg for opioid induced constipation, Buspirone 75 mg, and tizanidine 4 mg for thoracic spasm. A request for authorization dated 09/05/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-95..

**Decision rationale:** The request for 1 prescription of Norco 10/325 mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, acetaminophen or anticonvulsants, quantified efficacy or drug screens. It was noted that a random urine sample was obtained but the results of the drug screen were not included in this worker's chart. Additionally, there was no frequency specified in the request. Since this worker was taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, this request for 1 prescription of Norco 10/325 mg #120 is not medically necessary.

**1 prescription of Voltaren gel 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs; Voltaren Gel (Diclofenac).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113..

**Decision rationale:** The request for 1 prescription of Voltaren gel 100 mg is not medically necessary. The California MTUS Guidelines refer to topical analgesics as primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. This injured worker does not have a diagnosis of osteoarthritis. Additionally, the strength of the Voltaren gel was not specified in the request. Furthermore, the quantity is incorrect. Voltaren gel does not come in a 100 mg size. Furthermore, the body part or parts to have been treated were not specified in the request, nor was the frequency of application. Therefore, this request for 1 prescription of Voltaren gel 100 mg is not medically necessary.