

<b>Case Number:</b>	CM14-0087291		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 52-year-old male with an injury date of 11/10/2010. Based on the 03/03/2014 progress report, the patient has moderate to severe lower back pain that is primarily localized in the wound in his surgical site as well as around the anterior musculature of the lower back. The surgery took place in November 2013 and there is no operation report provided. The patient also continues to have right posterolateral radiculopathy which radiates down the right gluteal musculature down posteriorly into the back of the right knee. He has severe pain when ambulating and continues to have muscle rigidity as well as spasms with the flexion of the lower back. On examination of the lumbosacral spine, there is tenderness to palpation over the paraspinal and also at the incision site. There is mild guarding on flexion and extension. He also has right sciatic notch tenderness. The patient is diagnosed with status post lumbar spine fusion, 2 levels. The utilization review determination being challenged is dated 05/23/2014. Treatment reports were provided from 12/02/2013 and 03/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 75mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68,71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS Page(s): 60, 61).

**Decision rationale:** Based on the 12/02/2013 progress report, the patient has moderate to severe lower back pain which is primarily localized in the wound in his surgical site as well as around the anterior musculature of the lower back. The request is for Voltaren 75 mg #60. There is no indication of when the patient began taking Voltaren. MTUS Guidelines support NSAIDs for neuropathic pain with mixed conditions. In this patient, the treating physician does not provide any documentation regarding medication efficacy. None of these reports state what this medication is doing for the patient pain. MTUS page 60 requires documentation of function and pain when medications are used for chronic pain. Given the lack of documentation of efficacy, recommendation is that the request is not medically necessary.

**Vicodin 5/500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61) Page(s): 60, 61.

**Decision rationale:** According to the 12/02/2013 progress report, the patient presents with pain in his lower back which is localized in the wound of his surgical site as well as the anterior musculature of his lower back. The request is for Vicodin 5/500 mg #60. There is no indication of when the patient began taking Vicodin. MTUS Guidelines pages 88 and 89 state, "Patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The treating physician has failed to provide any information regarding how the patient has improved with Vicodin or any pain scales to show improvement. Recommendation is that the request is not medically necessary.