

Case Number:	CM15-0014243		
Date Assigned:	02/02/2015	Date of Injury:	10/27/2009
Decision Date:	03/19/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on 10/27/2009. The diagnoses have included lumbosacral radiculitis, lumbosacral facet arthropathy, lumbar degenerative disc disease, myofascial pain syndrome. He is status post left sided L3-5 medial branch radial frequency ablation on 7/3/2012 and 8/7/2012 and bilateral sacroiliac joint injection on 1/04/2013. Other treatment to date has included medication. Lumbar spine magnetic resonance imaging (MRI) dated 4/16/2013 showed no acute fractures or spondylolisthesis, multiple level disc desiccation, modic type II changes and broad central disc bulges, no significant spinal canal stenosis and mild bilateral neural foraminal stenosis. Currently, the IW complains of ongoing aching lower back pain, rated as 5/10. Objective findings included positive straight leg raise test bilaterally. There is tenderness to palpation and decreased range of motion of the lumbar spine. There are trigger points with twitch response and radiating pain. Lumbar facet loading is positive and there is spinous process tenderness. There is significant tenderness over the facet joints bilaterally. On 1/20/2015, Utilization Review non-certified a request for Norco 10/325mg, Gabapentin 600mg, Voltaren gel 300mg and Flector patch, noting that lack of documentation of significant benefit to prior use of the medications. The MTUS, ACOEM Guidelines and ODG were cited. On 1/28/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg, Gabapentin 600mg, Voltaren gel 300mg and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ACOEM Guidelines, page 115 and Official Disability Guidelines: Pain Chapter, Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time. It was combined with topical and oral NSAIDs. There was no indication for combining the two classes of medication. There was no indication of Tylenol failure. The continued use of Norco is not medically necessary.

Flector patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flector Patch and NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Flector Patch (Diclofenac epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for a month. In addition, the claimant had been prescribed oral Diclofenac. The topical absorption of NSAID can equate to oral absorption. The Flector patch is not medically necessary.

Voltaren gel 300g Tube #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Flector Patch (Diclofenac)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel along with another topical NSAID (Flector) and an oral NSAID. Combination of multiple forms of NSAIDS that can potentially have similar systemic absorption is not medically necessary. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.