

<b>Case Number:</b>	CM15-0018046		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/05/2003
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68 year old male, who sustained an industrial injury on 2/5/2003. He has reported low back pain. The diagnoses have included status post decompression L4-S1, status post repair dural leak, degenerative disc and facet disease L2-S1, foraminal stenosis, arachnoiditis, and status post spinal cord stimulator 2006. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, and multiple surgical interventions to the spine in addition to placement of a spinal cord nerve stimulator. Currently, the IW complains of continued back pain with radiation to the legs. Physical examination 10/15/14 documented decreased lower extremity sensation L1-S1 nerve distributions. The plan of care included Vicodin and Voltaren as prescribed and possible near future surgery to change the battery in the spinal cord stimulator. On 12/29/2014 Utilization Review non-certified Vicodin 5mg #60 and Voltaren 7.5mg #60 with two more refills, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. The preoperative labs were noted to be CBC, PT, PTT, INR, CMP, UA, and HgA1C. On 1/30/2015, the injured worker submitted an application for IMR for review of Vicodin 5mg #60 and Voltaren 7.5mg #60 with two more refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs Preop:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Preoperative lab testing.

**Decision rationale:** Regarding request for labs pre-op, it appears that the request is intended to include CBC, PT, PTT, INR, CMP, UA, and HgA1C. California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the preoperative urinalysis is recommended for patients undergoing invasive urological procedures and those undergoing implantation of foreign material; preoperative electrolyte and creatinine clearance testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; preoperative random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; preoperative A1 C testing is recommended for patients with diagnosed diabetes when the result would change perioperative management; preoperative blood count is recommended for patients with diseases that increase the risk of anemia or patient in whom significant perioperative blood loss is anticipated; preoperative coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding for those taking anticoagulants. Within documentation available for review, there is no indication that the patient meets any of these criteria. In the absence of such documentation, the currently requested labs pre-op are not medically necessary.

**Vicodin 5mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 and 48, Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Vicodin, California MTUS and ACOEM cite that opioids should be used only if needed for severe pain and only for a short time. Long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Within the medical information available for review, it is noted that the patient has chronic pain without clear evidence of the aforementioned criteria from prior use of opioids. However, there was a pending surgery for replacement of the battery of the spinal cord stimulator and a short course of opioids is appropriate for postoperative pain, with ongoing use recommended only with ongoing evaluation for the criteria noted above. In light of the above, the currently requested Vicodin is medically necessary.

**Voltaren 7.5mg #60 plus 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren (Diclofenac) Page(s): 67-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** Regarding the request for Voltaren, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. While a short course of this treatment may be appropriate in association with the surgery that was noted to be pending, the addition of 2 refills is not conducive to regular reevaluation for efficacy and continued need. Unfortunately, there is no provision to allow for modification of the request to a single prescription without refills. In light of the above issues, the currently requested Voltaren are not medically necessary.