

<b>Case Number:</b>	CM15-0037906		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/03/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 53-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 3, 2011. In a Utilization Review Report dated February 17, 2015, the claims administrator failed to approve requests for Dilaudid, Opana, Soma, and topical Voltaren. An RFA form received on February 10, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a January 8, 2015 progress note, the applicant reported ongoing complaints of low back pain, 7/10. Ancillary complaints of hip and knee pain were noted. The applicant had apparently developed issues with COPD and was apparently using supplemental oxygen for the same, it was incidentally noted. The applicant reported 7/10 multifocal pain complaints, it was stated in several sections of the note. Multiple medications were renewed, including Dilaudid, Opana, Soma, and topical Flector patches. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. On December 8, 2014, the applicant reported ongoing complaints of back, shoulder, and knee pain. The applicant apparently consulted a spine surgeon, who suggested that the applicant consider spinal fusion surgery. Multiple medications were renewed, including Dilaudid, Opana, Soma, and topical Flector. The applicant's work status, once again, was not detailed. In a November 20, 2014 progress note, the applicant was placed off of work, on total temporary disability. Knee corticosteroid injection was performed. The applicant was also receiving Social Security Disability Insurance (SSDI) benefits, it was acknowledged, in addition to Workers Compensation indemnity benefits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Dilaudid 8mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Dilaudid, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The applicant was, moreover, receiving Social Security Disability Insurance (SSDI) benefits, in addition to workers compensation indemnity benefits. Neither the applicant's pain management physician nor the applicant's primary treating provider (PTP) outlined any meaningful or material improvements in function and/or quantifiable decrements in pain effected as a result of ongoing opioid usage (if any), including ongoing Dilaudid usage. Therefore, the request was not medically necessary.

### **Opana ER 40mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Opana extended release, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. Neither the applicant's pain management physician nor the applicant's primary treating physician (PTP) outlined any meaningful or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

### **Soma 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes. Carisoprodol or Soma is not recommended for use in conjunction with opioid agents, page 29 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note. Here, the applicant was, in fact, using carisoprodol or Soma for a minimum of several months and, furthermore, was using the same in conjunction with several opioid agents, including Dilaudid and Opana. Continued usage of Soma, thus, ran counter to page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Voltaren 1% topical gel 1-2gm every 8 hours as needed, 1 tube with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Voltaren Gel 1% (diclofenac) Page(s): 112; 7.

**Decision rationale:** Finally, the request for topical Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren has not been evaluated. On January 8, 2015, the applicant was, moreover, given a prescription for topical Flector patches. Flector is a topical diclofenac/topical Voltaren derivative. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not furnish a rationale for provision of two separate topical diclofenac-containing products, namely Voltaren gel and Flector patches. Therefore, the request was not medically necessary.