

<b>Case Number:</b>	CM15-0063363		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Internal 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 injured worker is a 33-year-old female, who sustained an industrial injury on May 13, 2011. The injured worker was diagnosed as having lumbar discogenic pain and depression and anxiety secondary to chronic pain. Treatment to date has included physical therapy, lumbar epidural steroid injection (ESI), acupuncture, chiropractic treatments, lumbar spine MRI, electromyography (EMG)/nerve conduction study (NCS), yoga, and medication. Currently, the injured worker complains of persistent low back pain with radiating symptoms into the bilateral lower extremity, with pain that shoots into the entire right leg with bilateral lower extremity going numb, with the second toe becoming stiff. The Primary Treating Physician's report dated March 4, 2015, noted the injured worker reporting her current medications had been helpful and allowed her to remain functional despite the pain. Current medications were listed as Norco, Voltaren, Trazadone, and Neurontin. A MRI of the lumbar spine dated January 3, 2014, was noted to show L4-L5 left posterior lateral broad based disc bulge with mild left hypertrophy causing moderate to severe left neuroforaminal narrowing. The treatment plan included continuation of current medications, dispensed Norco, Voltaren, Trazadone, and Neurontin, with a second prescription for Norco that stated "Do Not Fill Until 04/04/2015."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that non-steroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. ACOEM indicates that non-steroidal anti-inflammatory drugs (NSAID) should be used only acutely. The patient's occupational injuries are chronic. The primary treating physician's progress report dated 3/4/15 documented subjective complaints of low back pain. Regarding objective findings, "no significant change" was noted. No physical examination was documented. Without a documented physical examination, the request for Voltaren is not supported. The use of the NSAID Voltaren is not supported by MTUS guidelines. Therefore, the request for Voltaren is not medically necessary.

**Norco 2.4/325 mg #60 DND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of

daily living, adverse side effects, and aberrant drug- taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for low back conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The primary treating physician's progress report dated 3/4/15 documented that the medication regimen included both Norco 5/325 mg and Norco 2.5/325 mg. The treatment plan included three prescriptions for Norco. Norco 5/325 mg #120 tablets and Norco 2.5/325 mg #60 tablets were prescribed on 3/4/15. In addition, a third prescription for Norco 2.5/325 mg #60 tablets, with a dispense date of 4/4/15, was prescribed. No rationale for prescribing two different strengths was given in the 3/4/15 progress report. Regarding objective findings, "no significant change" was noted. No physical examination was documented. Without a documented physical examination, the request for Norco is not supported. The request for Norco 2.5/325 mg is not supported by MTUS / ACOEM guidelines. Therefore, the request for Norco 2.5/325 mg is not medically necessary.