

<b>Case Number:</b>	CM15-0071566		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 56-year-old male, who sustained an industrial injury on August 5, 2010. The injured worker was diagnosed as having left ankle sprain, lumbar discogenic syndrome, and lumbar sprain/strain. Treatment to date has included home exercise program (HEP), TENS, ice/heat therapy, and medication. Currently, the injured worker complains of low back pain that occasionally radiates to the left lower extremity with numbness/achiness to the left foot, and left ankle pain, numbness, and achiness with occasional swelling/tingling. The Primary Treating Physician's report dated March 19, 2015, noted the injured worker's current medications included Fenoprofen, Norco, Cyclobenzaprine, and Voltaren gel. The Physician noted the injured worker was functionally benefiting from his current medication regimen. The treatment plan was noted to include continuation of the medication regimen, and continued ice/heat therapy, home exercise program (HEP), and TENS for pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1 percent 150gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Nsaids Page(s): 111-113.

**Decision rationale:** With regard to the request for Voltaren gel, the CA MTUS recommend topical NSAIDs as an option on a short-term basis of 4 to 12 weeks. This should be applied in joints that are amenable to topical treatment, such as the knees, ankles, feet, hand and wrist. In the case of this injured worker, there is documentation that the patient has been on Voltaren gel for ankle pain. The duration was not evident in the medical records, and it is not clear that this topical medication is being utilized on a short-term basis only. Given the guidelines specification on timing, this request is not medically necessary.

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was outlined in a progress note from March 19, 2015 in terms of return to work and participation in a HEP. Pain was reduced. However, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supplies the requisite monitoring documentation to continue this medication. Therefore, this request is not medically necessary.