

Case Number:	CM15-0098399		
Date Assigned:	05/29/2015	Date of Injury:	06/05/2002
Decision Date:	07/03/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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

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 74-year-old male, who sustained an industrial injury on June 5, 2002. He reported the onset of low back pain and right leg pain during a three-day period while cleaning with a power hose mechanism. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, sacroiliac disorder, and chronic pain syndrome/low back pain. Treatment to date has included multilevel laminectomy, aquatic therapy, SI joint injection, x-rays, physical therapy, epidural steroid injections (ESIs), and medication. Currently, the injured worker complains of low back pain, with muscle aches and weakness of the left leg, shoulder arthralgia/joint pain, and swelling of the extremities. The Treating Physician's report dated April 23, 2015, noted the injured worker presented for evaluation of his lumbar post-laminectomy syndrome status post multilevel laminectomy, and chronic radicular and regional myofascial pain. The injured worker reported his pain difficult to control, with current medications listed as Colace, Lidoderm patch, Neurontin, Norco, and Voltaren topical gel. The injured worker was noted to require medication support to maintain his level of functioning. The Norco was noted to be taken as two tablets a day for more severe flares of pain, ensuring the injured worker can remain independent in his exercise program and activities of daily living (ADLs). The Voltaren gel was noted to be used as a topical anti-inflammatory as the injured worker was unable to tolerate oral anti-inflammatories due to dyspepsia. The treatment plan was noted to include possible re-request for a lumbar spine CT, review and refill of all medications, and continued spine/hip stabilization/flexibility exercises daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 04/23/15 for re-evaluation regarding lumbar post-laminectomy syndrome, chronic radicular and myofascial pain. The patient's date of injury is 06/05/02. Patient is status post lumbar anterior interbody fusion and facet screw fixation at unspecified levels on 04/06/04. The request is for 1 prescription of Norco 10/325 #60. The RFA was not provided. Physical examination dated 04/23/15 reveals negative straight leg raise bilaterally, absent reflexes in the ankles, and no extensor hallucis longus weakness. No other physical findings are included. The patient is currently prescribed Colace, Lidoderm patches, Neurontin, Norco, and Voltaren. Diagnostic imaging was not included. Patient is currently not working. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Norco for the management of this patient's intractable pain, the request is appropriate. Progress report date 04/23/15 reports a reduction in pain from 8/10 to 3/10 attributed to medications, and provides specific functional improvements. The note states that this patient's medications allow him to attend aquatic therapy exercises and sleep better at night. The same progress note documents a lack of aberrant behavior and consistent urine drug screens to date, though the toxicology reports were not provided. Given the documentation of pain relief, functional improvement, consistent UDS, and a lack of aberrant behaviors or adverse effects as specified by MTUS - continuation of this medication is appropriate. The request IS medically necessary.

Voltaren 1% topical gel 100gm #5 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory agents.

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

Decision rationale: The patient presents on 04/23/15 for re-evaluation regarding lumbar post-laminectomy syndrome, chronic radicular and myofascial pain. The patient's date of injury is

06/05/02. Patient is status post lumbar anterior interbody fusion and facet screw fixation at unspecified levels on 04/06/04. The request is for 1 prescription of Voltaren 1% topical gel 100gm #5 with 5 refills. The RFA was not provided. Physical examination dated 04/23/15 reveals negative straight leg raise bilaterally, absent reflexes in the ankles, and no extensor hallucis longus weakness. No other physical findings are included. The patient is currently prescribed Colace, Lidoderm patches, Neurontin, Norco, and Voltaren. Diagnostic imaging was not included. Patient is currently not working. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Voltaren Gel 1% (Diclofenac): 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."In regard to the continuation of Voltaren gel for this patient's chronic lower back pain, this medication is not supported for this patient's chief complaint. The requesting provider documents that this patient experiences benefits from this medication. However, guidelines do not support the use of topical NSAIDs such as Voltaren gel for spine, hip, or shoulder pain; as they are only supported for peripheral joint arthritis and tendinitis. Without evidence of the presence of peripheral joint complaints amenable to topical NSAIDs, use of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.