

<b>Case Number:</b>	CM13-0037210		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old female who reported injury on 06/29/2006 with a mechanism of injury of cumulative trauma. The injured worker's medication history included Voltaren gel, naproxen, NSAIDs, omeprazole, opiates, and benzodiazepines as of 2012. The documentation of 08/29/2013 revealed the injured worker had right shoulder pain status post 3 surgeries. The injured worker had tried OrthoStim/TENS unit, but it was of no benefit, per the documentation. The injured worker's diagnoses included left foot and ankle contusion/strain, bilateral shoulder strain with impingement, bilateral elbow/forearm strain with lateral epicondylitis, bilateral wrist and hand tendonitis with bilateral carpal tunnel syndrome, lumbar strain with lumbar radiculitis, cervical strain, thoracic strain, cervicogenic headaches, aggravation of left ankle/foot strain, GERD, stomach upset due to medication use, and right knee pain, rule out meniscal tear. The recommendation was for naproxen, Norco, Voltaren gel for the wrist and shoulder pain, Xanax and Zoloft for anxiety and depression, and omeprazole due to GI upset and to prevent GI complications, and continued care with the psychiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325MG 1 BID PM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of the above recommendations. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request for Norco 5/325, 1 twice a day pm, is not medically necessary.

**NAPROXEN 550MG BID PM:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommend NSAIDs for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 1 year. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for naproxen 550 mg twice a day pm is not medically necessary.

**OMEPRAZOLE 20 MG 1-2 DAILY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was documentation indicating the injured worker had GERD. However, there was a lack of documentation indicating the efficacy of the requested medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for omeprazole 20 mg, 1 to 2 per day, is not medically necessary.

**ZOLOFT 50MG 3 TABS QID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of objective functional improvement with the medication. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Zoloft 50 mg 3 tabs 4 times a day is not medically necessary.

**XANAX .05MG TID PM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** California MTUS Guidelines do not recommend benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks, due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation indicating the objective functional benefit that was received from the medication. The request as submitted failed to indicate the quantity of medication being reqd. Given the above, the request for Xanax 0.5 mg 3 times a day as needed is not medically necessary.

**VOLTAREN GEL 1%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 111.

**Decision rationale:** California MTUS states Voltaren<sup>®</sup> Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review indicated the injured worker would be utilizing the

medication for the wrist and shoulder pain. The use on the wrist would be supported; however, the use in the shoulder would not be supported per California MTUS Guidelines. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation indicating the injured worker had osteoarthritis. The request as submitted failed to indicate the frequency, as well as the quantity of medication being requested. Given the above, the request for Voltaren gel 1% is not medically necessary.