

Case Number:	CM14-0184885		
Date Assigned:	11/12/2014	Date of Injury:	03/01/2004
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/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 patient is a 54 year-old woman who was injured at work on 2/14/2005. The injury was primarily to her neck/shoulder and right upper extremity. She is requesting review of denial for the following: 1 Prescription for Ultram 50mg #90; 1 Prescription for Voltaren 1% Gel #1; and 1 Trigger Point Injection with Lidocaine 1% Plain 0.5 cc. Medical records corroborate ongoing care for her injuries. Her chronic diagnoses include the following: Cervical Radiculopathy; Shoulder Impingement; Wrist/Tendon Bursitis; Elbow/Tendon Bursitis; and DeQuervain's Tenosynovitis. During the 8/25/2014 office visit the patient was complaining of pain in the right shoulder and wrist. She had been status post right shoulder arthroscopy with rotator cuff repair and right DeQuervain's release in May/2014. A tender trigger point was noted in the right med trapezius muscle and was injected with lidocaine 1% plain 0.5cc's. She was also prescribed Relafen (an NSAID), Tramadol 50mg #90 and Voltaren 1% Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Ultram is not considered as medically necessary.

1 prescription of Voltaren 1% gel #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Voltaren Gel

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics including topical NSAIDs such as Voltaren. These guidelines state that such agents are "recommended as an option as indicated below." Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding topical NSAIDs the guidelines state: Non-steroidal antiinflammatory 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.

Indications for topical NSAIDs are: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. For neuropathic pain, topical NSAIDs are: Not recommended as there is no evidence to support use. The Official Disability Guidelines also comment on the use of Topical NSAIDs. The ODG states that these agents are: "Not recommended as a first-line treatment." Further, Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, postmarketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. In this case it is unclear which of the patient's pain syndromes is targeted with the Voltaren Gel. The patient does have documented radiculopathy and the guidelines do not recommend its use for this condition. Further, the patient is simultaneously on an oral NSAID, Relafen. The stated guidelines do not support concurrent use of an oral and topical NSAID. As stated in the Official Disability Guidelines, Voltaren Gel is recommended for osteoarthritis "after failure of an oral NSAID." Therefore, the use of Voltaren Gel is not considered as a medically necessary treatment.

1 trigger point injection with Lidocaine 1% plain 0.5cc: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of trigger point injections. Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Trigger point injections are not recommended for radicular pain. The MTUS Guidelines also provide specific criteria for the use of Trigger point injections. These are as follows: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case it is unclear which condition is being addressed by the use of a trigger point injection. The patient has a well-documented radiculopathy, and therefore, the guidelines do not support its use for this condition. Further, the records do not indicate that the patient has

met all of the 8 listed criteria for the use of Trigger point injections. There is insufficient documentation of a twitch response. It is not clear whether the patient has had a sufficient trial of medical management therapies. It is unclear whether appropriate monitoring set up to determine the percent pain relief, its duration and the impact on functional improvement. Under these conditions, a Trigger point injection is not considered as medically necessary.