MAXIMUS Federal Services

| Case Number: | CM14-0077692 | | |
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| Date Assigned: | 07/18/2014 | Date of Injury: | 12/02/2009 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/28/2014 |

## 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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 2, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; 37 sessions of physical therapy, per the claims administrator; topical agents; earlier shoulder surgery in June 2013; and extensive periods of time off of work.In a Utilization Review Report dated April 29, 2014, the claims administrator failed to approve a request for Voltaren gel, Lidoderm patches, senna, and Norco.The applicant's attorney subsequently appealed.In a clinical progress note dated February 4, 2014, the applicant's pain and activity levels were reportedly unchanged. 6/10 pain with medications versus 9/10 pain without medications was noted. The applicant was using Lidoderm, Voltaren, and Norco, it was stated. The applicant was overweight, with a BMI of 30. Palpable tender points were noted. Give way weakness was noted on motor testing. The applicant was not working, it was further noted. Senna was apparently employed for opioid-induced constipation. Trigger point injection therapy was performed in the clinic setting while the applicant was placed off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**SENNA 8.6MG TABLET. TAKE 1-2 TABS PER DAY AS NEEDED FOR CONSTIPATION #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines STEPS TO TAKE BEFORE A THERAPUTIC TRIAL OF OPIOIDS Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment of constipation is indicated in applicants using opioids. In this case, the applicant is, in fact, using Norco, an opioid and is, furthermore, suffering from actual symptoms of constipation it was suggested, on the progress note referenced above. Therefore, the request is medically necessary.

**LIDODERM 5 PERCENT PATCH (&00MG/PATCH) APPLY FOR 12 HOURS PER DAY #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does note that topical lidocaine/topical Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, it has not been clearly stated or established that the applicant has tried and/or failed anticonvulsant adjuvant medications and/or antidepressant adjuvant medications before selection and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request is not medically necessary.

**HYDROCODONE-ACETAMINOPHEN 5-325MG TABLET. TAKE 1 TWICE DAILY AS NEEDED #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. While the attending provider did report some reduction of pain scores from 9/10 without medications to 6/10 with medications, the attending provider failed to outline any material improvements in function achieved as a result of ongoing hydrocodone-acetaminophen usage. All of the above,

taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**VOLTARAN 1 % GEL. APPLY 4 GRMS TO AFFECTED AREA QID PRN- 100 GRAM TUBE # 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment of the spine, hip, and/or shoulder. In this case, the applicant's primary pain generators are, in fact, the left shoulder and low back, the body parts for which topical Voltaren has not been evaluated. The attending provider failed to furnish any compelling applicant-specific rationale which would offset the tepid-to-unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.