

Case Number:	CM14-0078733		
Date Assigned:	07/18/2014	Date of Injury:	04/30/2006
Decision Date:	08/25/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 claimant was injured on 4/30/06. Norco and Voltaren are under review. Her diagnosis is lateral epicondylitis. The claimant has chronic bilateral elbow, forearm, and wrist conditions. On 04/11/14, she had persistent discomfort that was mild and intermittent and depended on her activity. She can do light household chores. She had also taken Gabapentin in the past. She has reportedly been using Norco since August 2010. On 02/28/14, she still had elbow tenderness. She had an AME on 05/23/13 and was diagnosed with anxiety, pain disorder, sleep disorder and psychological factors. Norco and Voltaren XR have been prescribed for her chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120 for date of service 4/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain/ 4 A's; Medications for Chronic Pain Page(s): 110; 94.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of the opioid, Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until

the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, 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. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4 A's: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than she takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Norco 7.5/325 #120, prescribed dosage unknown, has not been clearly demonstrated. However, one half the requested quantity or #60 can be recommended for weaning purposes.

Voltaren XR 100mg #30 for date of service 4/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; MEDICATIONS FOR CHRONIC PAIN Page(s): 102; 94.

Decision rationale: The history and documentation do not objectively support the request for continued use of Voltaren XR for the claimant's ongoing pain. The CA MTUS page 102 states re: NSAID's, Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. Back Pain -Acute: exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. In this case, none of these conditions are being treated. The MTUS states NSAID's, specific drug list & adverse effects: Recommended with cautions below. Disease-State Warnings for all NSAID's: All NSAID's have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAID's for the shortest duration of time consistent with the individual patient treatment goals. In this case, there is no evidence of a chronic inflammatory condition for which this type of medication, especially a long acting one, appears to be indicated or reasonable. The MTUS also state before prescribing any medication for pain, the following should occur: (1) determine the

aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. There is no evidence of a failed trial of a first line drug such as acetaminophen. Her pain appears to be related to her activity levels and there is no evidence of significant objective measurable or functional improvement that can be associated with the use of Voltaren XR. The medical necessity of the continued use of Voltaren XR 100mg #30 has not been clearly demonstrated.