

<b>Case Number:</b>	CM14-0194488		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	05/25/1991
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

This patient is an 82 year old female with an injury date on 5/25/91. The patient complains of pain in her ear, radiating into the left side of her head, down into the neck and arm, and left shoulder pain radiating down into the arm/hand per 8/26/14 report. The patient has increased pain per 7/29/14 report. The patient is unable to lift arm above mid-line, and has difficulty with adduction and abduction per 6/30/14 report. Based on the 8/26/14 progress reported provided by the treating physician, the diagnoses are: neck pain, lumbago, fibromyalgia, muscle weakness, other malaise and fatigue and spasm of muscle. A physical exam on 8/26/14 showed "decreased left shoulder range of motion." No range of motion testing of the C-spine was included in reports. The patient's treatment history includes medications (oral NSAID, topical NSAID, opioids including Norco/Oxycodone); trigger point injections, left shoulder surgery (unspecified). The treating physician is requesting Norco 10/325mg #90 and Voltaren, one prescription. The utilization review determination being challenged is dated 11/3/14. The requesting physician provided treatment reports from 1/23/13 to 8/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, ninety count:** 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, criteria for use of opioids Page(s): 60,61 88, 89 and 76-78.

**Decision rationale:** This patient presents with ear pain, neck pain, left shoulder pain, left arm/hand pain. The provider has asked for NORCO 10/325mg #90 on 8/26/14. Patient has been taking Norco since 1/23/13. The patient attempted to wean down narcotics (currently Hydrocodone, and has been taking it for several years now) but is currently taking 3 per day, and does not want to take any more than this per 5/13/14 report. Patient has trialed Oxycodone but it isn't any more effective than Norco per 8/26/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "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 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 this case, the provider does not indicate a decrease in pain with current medications which include Norco. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.

**Voltaren, one prescription:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), specific drug lis.

**Decision rationale:** This patient presents with ear pain, neck pain, left shoulder pain, left arm/hand pain. The provider has asked for Voltaren, one prescription on 8/26/14, and requesting report specifies "Voltaren Transdermal Gel 1%." The patient has been using Voltaren gel since 1/23/13 report. Review of reports from 1/23/13 to 8/26/14 show no mention of Voltaren effectiveness in terms of pain and function. Regarding topical NSAIDS, MTUS states they are 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 this case, the patient presents with a chronic pain condition. The patient has been taking topical NSAID (Voltaren, 1%) for more than 1 year and 7 months, without documentation of effectiveness. Regarding medications for chronic pain, MTUS pg. 60 states provider must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Due to a lack of documentation, the requested topical Voltaren is not medically necessary.

