

<b>Case Number:</b>	CM15-0006028		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 62 year old female, who sustained an industrial injury on August 17, 2010, falling and striking her head. She has reported immediate neck and shoulder pain. The diagnoses have included right knee patellofemoral syndrome and chondromalacia, left knee arthroscopy with ACL reconstruction September 10, 2012, status post anterior cervical discectomy and fusion at C4-C5, C5-C6, and C6-C7 on March 19, 2013, status post right shoulder subacromial decompression April 29, 2014, and complaints of sleep difficulty and headache. Treatment to date has included left knee arthroscopy in 2012, right knee surgery in 2012, cervical fusion in 2013, April 29, 2014, right shoulder video arthroscopy and resection of rotator cuff tear and right shoulder distal clavicle, physical therapy, speech therapy, and medications. Currently, the injured worker complains of ongoing, constant right shoulder pain, with limited range of motion and stiffness, constant neck pain, trouble with speech and swallowing, right knee pain, and low back pain. The Primary Treating Physician's report dated December 2, 2014, noted the cervical spine with muscle guarding and spasm, painful range of motion, and paraspinal musculature tenderness. The right shoulder was noted to have tenderness on the right acromioclavicular joint and the right supraspinous tendon, with a right impingement sign and painful range of motion. The left knee was noted to have medial tenderness. On December 24, 2014, Utilization Review non-certified Motrin 800mg #90 with four refills, Norco 10/325mg #90 with one refill, and Voltaren 50mg #60. The UR Physician noted that the continued use of Motrin did not appear warranted, with the lack of benefit from the medication with the risks of continuing at the current dosage not outweighing the risks, therefore, the request

for Motrin 800mg #90 with four refills was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The Norco was noted as not providing cure or overall relief of the injured worker's condition, therefore weaning was recommended, with modification of the request for Norco 10/325mg #90 with one refill, to approval for Norco 10/325mg #72 with the remaining #18 tablets and one refill non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that prescribing the Voltaren was not warranted due to previous lack of benefit with non-steroid anti-inflammatory drug (NSAID) therapy, therefore, the request for Voltaren 50mg #60 was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 12, 2015, the injured worker submitted an application for IMR for review of Motrin 800mg #90 with four refills, Norco 10/325mg #90 with one refill, and Voltaren 50mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription of Motrin 800mg #90 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Motrin. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no documentation of the effectiveness of the medication noted. According to the clinical documentation provided and current MTUS guidelines; Motrin, as prescribed above, is not indicated a medical necessity to the patient at this time.

#### **1 prescription of Norco 10/325mg #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use; Opioids, dos.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that

the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear functional gain that has been documented with this medication. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.

**1 prescription of Voltaren 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel, page 112..

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Voltaren Gel. MTUS guidelines state the following: 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. The clinical records lack documentation that states the intended area of use for this medication or a diagnosis of osteoarthritis. According to the clinical documentation provided and current MTUS guidelines; Voltaren Gel is not indicated as a medical necessity to the patient at this time.