

<b>Case Number:</b>	CM15-0007979		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/09/2004
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 40 year old female, who sustained an industrial injury on April 9, 2004. She has reported bilateral shoulder, right arm pain with radiation into the neck and down to the forearms. The diagnoses have included acute neck pain, acute cervical radiculopathy. Treatment to date has included medications, and laboratory evaluations. Currently, the IW complains of both hands, and wrists hurting, and reports numbness and tingling of the hands. The records show that on November 4, 2014, Utilization Review provided certification of Voltaren 100 mg, quantity #30, and Protonix 20 mg, quantity #60, and modified certification of Ultram ER 150 mg, quantity #60, and Norco 10/325 mg, quantity #40. On December 19, 2014, Utilization Review non-certified Voltaren 100 mg, quantity #30, and Protonix 20 mg, quantity #60, and Ultram ER 150 mg, quantity #60, and Norco 10/325 mg #40, based on MTUS, Chronic Pain Medical Treatment guidelines. On January 14, 2015, the injured worker submitted an application for IMR for review of Voltaren 100 mg, quantity #30, and Protonix 20 mg, quantity #60, and Ultram ER 150 mg, quantity #60, and Norco 10/325 mg #40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Voltaren 100mg #30 (DOS: 11/11/14): 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) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary.

**Decision rationale:** According to the MTUS and ODG guidelines, NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. According to the progress notes provided, the IW was on Voltaren 100 mg daily since at least October 2013 for neck and arm pain. Additionally, the ODG formulary states that Voltaren is a second line agent and there are no records of a trial of a first line agent. This request is not medically necessary and appropriate.

**Retrospective request for Protonix 20mg #60 (DOS:11/11/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation uptodate.com.

**Decision rationale:** According to MTUS guidelines, it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. Progress notes state that the IW was started on pantoprazole for GI upset with NSAID use. Pantoprazole is FDA approved for treatment of erosive esophagitis and hypersecretory conditions neither of which is present in the IW. This request is not medically necessary and appropriate.

**Retrospective request for Ultram ER 150mg #60 (DOS: 11/11/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - When to Discontinue Opioids Opioids - When to Continue Opioids Page(s): 79-80.

**Decision rationale:** With regards to Ultram the IW appears to have been on the medication for some time and there is no notation that she has returned to work or has improved functioning and pain levels which would warrant continuing the medication. MTUS guidelines state that opioids should be discontinued when there is no overall improvement in function, unless there are

extenuating circumstances. There are no extenuating circumstances noted in the progress notes. This request is not medically necessary and appropriate at this time.

**Retrospective request for Norco 10/325mg #40 (DOS: 11/11/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The IW is documented to be on an opioid for pain relief. Additionally, documentation did not include 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. This request is not medically necessary and reasonable at this time.