

<b>Case Number:</b>	CM15-0106182		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Pennsylvania  
Certification(s)/Specialty: 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 57 year old female who sustained an industrial injury on 6/16/10. The injured worker has complaints of right sacroiliac joint pain and left shoulder pain. The diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint arthropathy, brachial neuritis or radiculitis not otherwise specified, bilateral wrist/forearm tendinitis, left wrist DeQuervain's tenosynovitis with dynamic carpal tunnel syndrome, gastrointestinal upset, cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis with disc protrusion and stenosis at C2-C7. Magnetic resonance imaging (MRI) on 3/12/14 showed endplate degeneration at L4-L5, posterior annular tear, and neuroforaminal narrowing. Medical history also includes hypertension. Treatment has included physical therapy, chiropractic treatment, and use of a cane, rest, home exercise program, epidural steroid injection, sacroiliac joint injection, and medication. Norco and meloxicam were prescribed in March 2014. Urine drug screens from April and September 2014 were submitted. Examination in April 2015 showed lumbar spine tenderness to palpation with muscle spasm over the paraspinal musculature and right sacroiliac joint; straight leg raising test is positive. Examination of the left wrist reveals tenderness to palpation over the first extensor compartment, and positive Tinel's and Phalen's tests. Work status in 2014 and 2015 was noted as temporarily totally disabled. The request was for norco5/325mg quantity 20-fexmid 7.5mg quantity 60-prilosec 20mg capsules quantity 30, voltaren extended release 100mg tablets quantity 30, ultrasound guided left wrist carpal tunnel injection, and ultrasound guided left wrist

DeQuervain's injection. On 5/8/15, Utilization Review non-certified or modified requests for the items currently under Independent Medical Review.

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

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

**Norco 5/325 mg Qty 20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic multifocal pain. Opioids have been prescribed for more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, no opioid contract was submitted, and return to work was not documented. The documentation did include two urine drug screens. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains temporarily totally disabled, and pain levels were noted as unchanged. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific improvement in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Fexmid 7.5 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42, muscle relaxants p. 63-66.

**Decision rationale:** This injured worker has chronic multifocal pain. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for

flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. Multiple additional agents have been prescribed for this injured worker. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to quantity requested in excess of the guideline recommendations for a brief course of therapy, the request for fexmid is not medically necessary.

**Prilosec 20 mg capsules Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** This injured worker has been prescribed voltaren, a non-steroidal anti-inflammatory medication (NSAID), and prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. The documentation indicates diagnosis of gastrointestinal upset, without further discussion. There are no medical reports which adequately describe signs and symptoms of possible GI (gastrointestinal) disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after in the absence of sufficient evaluation is not indicated. Due to lack of specific indication, the request for prilosec is not medically necessary.

**Voltaren XR (extended release) 100 mg tablets Qty 30: 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 Page(s): 67-73.

**Decision rationale:** This injured worker has chronic multifocal pain, including chronic back pain. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of

chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. This injured worker has a history of hypertension, and blood pressure monitoring was not documented. Package inserts for NSAIDs recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Meloxicam, another NSAID, was previously prescribed, without documentation of functional improvement. Voltaren (diclofenac) has a higher cardiovascular risk profile than many other NSAIDs, and should not be the first choice for an NSAID. The treating physician has not provided any indications for using diclofenac rather than other, safer NSAIDs. Due to quantity requested consistent with chronic use rather than use for acute exacerbation of chronic pain (which is not in accordance with the guidelines) and potential for toxicity, the request for voltaren is not medically necessary.

**Ultrasound guided Left Wrist Carpal Tunnel injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** The ACOEM recommends injection of corticosteroids into the carpal tunnel in mild or moderate cases of carpal tunnel syndrome after trial of splinting and medication, and initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger. This injured worker was noted to have a diagnosis of carpal tunnel syndrome, but electrodiagnostic testing was not submitted to confirm this diagnosis. There was no documentation of a trial of splinting. There was no documentation of response to medication. Due to lack of confirmed diagnosis of carpal tunnel syndrome and insufficient documentation of trial of splinting and medication, the request for Ultrasound guided Left Wrist Carpal Tunnel injection is not medically necessary.

**Ultrasound guided Left Wrist de Quervain's injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 265, and 272.

**Decision rationale:** The ACOEM outlines criteria for diagnosis of DeQuervain's tenosynovitis. The ACOEM states that DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, and then non-steroidal anti-inflammatory agents (NSAIDS), for four weeks before a corticosteroid injection is considered. In this case, although a diagnosis of DeQuervain's was noted, the diagnostic criteria (including specific physical findings as outlined by the guidelines) were not documented. There was no documentation of severity of symptoms. Treatment with a splint and trial of medication for four weeks was not documented. As such, the request for Ultrasound guided Left Wrist DeQuervain's injection is not medically necessary.