

<b>Case Number:</b>	CM15-0137082		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of February 13, 2013. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for Voltaren gel, Norco, trigger point injections, and a psychiatric referral. An RFA form received on June 18, 2015 and an associated progress note of June 17, 2015 were referenced in the determination. On May 21, 2015, the applicant reported ongoing complaints of elbow, thumb, and wrist pain. Voltaren gel was endorsed for issues with lateral epicondylitis. No formal work restrictions were imposed by this particular provider. On May 28, 2015, the applicant reported ongoing complaints of hand, wrist, and elbow pain. Decreased grip strength was reported. "Extreme tenderness" about the surgical scar was reported. Acupuncture was sought. Trigger point injections were sought. The applicant reportedly had tenderness, taut bands, and muscular nodes about the bilateral trapezius muscles. The trigger point injections were framed as a trial of the same. The applicant had reportedly failed physical therapy and manipulative therapy, it was reported. The applicant was on immediate release morphine for pain relief, it was stated in one section of the note. At the bottom of the note, it was stated that the applicant was using Soma, immediate release morphine four to six tablets a day, and Norco 10-25 six tablets daily. The attending provider acknowledged that the applicant wished to cease using Norco on the grounds that it "makes her sick and it does not work." The applicant was placed off of work, on total temporary disability. The applicant was still smoking, it was reported. The attending provider stated in another section of the note that Opana extended

release was being considered. In an earlier note dated April 24, 2015, difficult to follow, mingled historical issues with current issues, the applicant again reported ongoing complaints of neck pain. It was stated that the applicant had neck pain complaints radiating into the arm. The applicant was given various diagnoses, including that of herniated cervical disk and degenerative disease of the cervical spine. The applicant exhibited a positive Spurling maneuver, it was reported. The applicant was placed off of work, on total temporary disability. Neurontin, OxyContin, and morphine were prescribed while the applicant was kept off of work. The applicant was described as having issues with rotator cuff tear and radiculitis, it was stated toward the top of the note. The claims administrator's medical evidence log suggested that the May 28, 2015 progress note referenced above in fact represent the most recent note on file.

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

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

**Voltaren gel 1% #3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** Yes, the request for Voltaren gel was medically necessary, medically appropriate, and indicated here. The request was framed as a first-time request for the same, apparently initiated on or around May 21, 2015. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Voltaren are indicated in the treatment of arthritis and tendonitis of the knee and elbow or other joints, which are amenable to topical application. Here, the requesting provider reported on May 21, 2015 that topical Voltaren gel was intended to ameliorate issues with elbow epicondylitis/elbow tendonitis. Topical Voltaren was/is indicated in the treatment of the same, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the first-time request for Voltaren gel was medically necessary.

**Norco 10/325mg #120, no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total

temporary disability, it was reported on May 28, 2015 and on April 24, 2015. The applicant herself reported on both dates, May 28, 2015 and April 24, 2015 that Norco "makes her sick" and "does not work." It did not appear, in short, that the applicant had profited from ongoing Norco usage, either by her own self-report or in terms of the functional improvement parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

**TPI x 2 for taunt hands/muscular knots in superior trapezius muscles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** Similarly, the request for trigger injections was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Trigger point injections are not recommended for radicular pain, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Here, the applicant was described as having radicular pain complaints present on April 24, 2015. The applicant was given various diagnoses, including that of cervical radiculitis and rotator cuff tear. It did not appear, thus, that the applicant had bona fide myofascial pain complaints for which trigger point injections could have been employed. Therefore, the request was not medically necessary.

**Referral to psych:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** Finally, the request for a referral to psychiatry was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, if an applicant's symptoms become disabling, despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated. Here, the applicant was described as having various chronic pain issues and complaints of "extreme tenderness" about the site of earlier wrist surgery, which did call into question underlying psychopathology. The attending provider also explicitly stated on May 28, 2015 that the applicant had issues with "anxiety, depression, and arthritis." It did appear, thus, that psychological/psychiatric overlay was a strong component in the applicant's delayed recovery. Obtaining the added expertise of a psychiatrist was/is, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.