

<b>Case Number:</b>	CM15-0139235		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	04/28/1993
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female injured worker suffered an industrial injury on 4-28-1993. The diagnoses included cervicalgia with radiculopathy, left shoulder pain, cervical fusion and bilateral carpal tunnels syndrome. The treatment included multiple shoulder and cervical spinal surgeries, physical therapy, H-wave, TENS unit and medications. On 6-22-2015 the treating provider reported cervical spine pain that radiated to both shoulder and upper extremities with persistent numbness and tingling. The Amitriptyline was used only if needed for insomnia due to pain. The injured worker had a history of gastritis, dyspepsia and gastroesophageal reflux disease with inability to tolerate oral nonsteroidal anti-inflammatory drugs. The Voltaren gel was being used for shoulder osteoarthritis. The pain was rated 7 to 8 out of 10 with medication and 10 out of 10 without medications. She noted on good days her pain levels were reduced to 6 out of 10 with medications and activity limitations. She reported overall the pain was improved by 30% to 40% with current medications. The functional improvement was noted in the ability to participate in exercises, house work, self-care activities, cooking and cleaning. The provider indicated there was a risk assessment for aberrant drug use with consistent urine drug screens. On exam there was cervical tenderness and reduced range of motion. The left shoulder had diffuse tenderness. It was not clear if the injured worker had returned to work. The requested treatments included Vicodin, Voltaren gel and Amitriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin ES 7.5mg #120 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-82, 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** Based on the 06/22/15 progress report provided by treating physician, the patient presents with cervical spine pain that radiates to bilateral shoulders and upper extremities with persistent numbness and tingling. The patient is status post multiple shoulder and cervical spine surgeries. The request is for Vicodin ES 7.5mg #120 with 2 refills. Patient's diagnosis per Request for Authorization form dated 06/29/15 includes cervicgia, and brachial neuritis / radiculitis. Physical examination to the cervical spine on 06/22/15 revealed spasm and tenderness over the bilateral trapezius, rhomboid and levator scapulae. Range of motion was decreased. Hyperesthesia noted over left C5 nerve root distribution. Positive Tinel's and Phalen's to left wrist. Examination of the left shoulder revealed a well-healed scar and diffuse tenderness over anterior and lateral aspects, and left scapular region. Treatment to date has included, physical therapy, H-wave, TENS unit and medications. Patient's medications include Vicodin, Amitriptyline and Voltaren gel. Patient's work status is unavailable. 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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Vicodin has been included in patient's medications, per progress reports dated 12/31/14, 03/23/15, and 06/22/15. Per 06/22/15 report, treater states that patient's pain is rated 7-8/10 with and 10/10 without medications, and that pain is improved by 30-40%. The functional improvement was noted in the ability to participate in exercises, house work, self-care activities, cooking and cleaning. The patient continues to stay within prescription guidelines without evidence of drug seeking behavior. The patient has signed a pain medication agreement and random urine drug screen have been consistent with her medication regimen. The patient is found to be at low risk for opioid abuse. CURES notes the patient continues to obtain medication from a single provider. UDS on 05/08/14 demonstrated consistent results with prescribed medications. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.

**Voltaren gel 1% 300g with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Based on the 06/22/15 progress report provided by treating physician, the patient presents with cervical spine pain that radiates to bilateral shoulders and upper extremities with persistent numbness and tingling. The patient is status post multiple shoulder and cervical

spine surgeries. The request is for Voltaren Gel 1% 300g with 2 refills. Patient's diagnosis per Request for Authorization form dated 06/29/15 includes cervicalgia, and brachial neuritis / radiculitis. Physical examination to the cervical spine on 06/22/15 revealed spasm and tenderness over the bilateral trapezius, rhomboid and levator scapulae. Range of motion was decreased. Hyperesthesia noted over left C5 nerve root distribution. Positive Tinel's and Phalen's to left wrist. Examination of the left shoulder revealed a well-healed scar and diffuse tenderness over anterior and lateral aspects, and left scapular region. Treatment to date has included, physical therapy, H-wave, TENS unit and medications. Patient's medications include Vicodin, Amitriptyline and Voltaren gel. Patient's work status is unavailable. MTUS Topical Analgesics section, page 111-113 states: "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". Per 06/22/15 report, treater states "I am requesting authorization to continue Voltaren Gel 1% apply 2g to the left shoulder. The patient has failed oral anti-inflammatories due to severe GI effects." However, according to MTUS, topical NSAIDs are only supported for peripheral joint complaints. This patient presents with chronic neck pain with a radicular components, and treater is requesting this topical for shoulder pain, which is not indicated. In addition, guidelines recommend topical NSAIDs for 4 weeks (2 weeks initial plus another 2 weeks) due to diminishing effects. Treater is requesting additional 2 refills, which is excessive. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Amitriptyline 25mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Insomnia.

**Decision rationale:** Based on the 06/22/15 progress report provided by treating physician, the patient presents with cervical spine pain that radiates to bilateral shoulders and upper extremities with persistent numbness and tingling. The patient is status post multiple shoulder and cervical spine surgeries. The request is for Amitriptyline 25mg. Patient's diagnosis per Request for Authorization form dated 06/29/15 includes cervicalgia, and brachial neuritis/radiculitis. Physical examination to the cervical spine on 06/22/15 revealed spasm and tenderness over the bilateral trapezius, rhomboid and levator scapulae. Range of motion was decreased. Hyperesthesia noted over left C5 nerve root distribution. Positive Tinel's and Phalen's to left wrist. Examination of the left shoulder revealed a well-healed scar and diffuse tenderness over anterior and lateral aspects, and left scapular region. Treatment to date has included, physical therapy, H-wave, TENS unit and medications. Patient's medications include Vicodin, Amitriptyline and Voltaren gel. Patient's work status is unavailable. Regarding anti-depressants, MTUS, page 13-15, Antidepressants for chronic pain Section states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to

a week, whereas antidepressant effect takes longer to occur". ODG Guidelines, Pain Chapter under Insomnia has the following regarding Amitriptyline: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression". Amitriptyline has been included in patient's medications, per progress reports dated 12/31/14, 03/23/15, and 06/22/15. It is not known when this medication was initiated. Per 06/22/15 report, treater states that patient's pain is rated 7-8/10 with and 10/10 without medications, and that pain is improved by 30-40%. I am requesting authorization for the patient to continue Amitriptyline...as needed for insomnia due to pain." In this case, though treater has discussed decrease in pain, there are no discussions pertaining to patient's insomnia or depression. ODG states "...There is less evidence to support their use for insomnia." Furthermore, the request as written does not indicate dosage or quantity. Therefore, the request is not medically necessary.