

<b>Case Number:</b>	CM15-0147514		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	04/23/2006
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 57-year-old who has filed a claim for chronic neck, elbow, wrist, and low back pain reportedly associated with an industrial injury of April 23, 2006. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve requests for Voltaren gel, gabapentin, and ibuprofen. The claims administrator referenced an RFA form received on July 15, 2015 in its determination, along with a progress note of June 17, 2015. On June 17, 2015, the applicant reported multifocal complaints of neck, upper back, bilateral upper extremity, and low back pain, 8/10 with medications versus 10/10 without medications. The attending provider stated that the applicant had recently been bedridden owing to a flare of severe pain. The claimant was Voltaren gel, Neurontin, Motrin, tramadol, and Zanaflex, it was reported. Multiple medications, including Voltaren gel, Neurontin, tramadol, Motrin, and Zanaflex were renewed. The claimant's work status was not clearly stated, although it did not appear that the claimant was working. The claimant was severely obese, with BMI of 37, it was reported. In an earlier note dated January 28, 2015, the claimant reported 8-10/10 pain without medications versus 7/10 with medications. The claimant was using Voltaren gel, Neurontin, Motrin, tramadol, and Flexeril, it was reported at this point. Once again, the claimant's work status was not clearly reported, although it was stated in one section of the note that the claimant was receiving permanent disability benefits from the claims administrator, suggesting that the claimant was not working. Zanaflex and tramadol were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% (5 tubes) with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

**Decision rationale:** No, the request for topical Voltaren gel was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does indicate that topical NSAIDs such as Voltaren are indicated in the treatment of osteoarthritis and tendonitis of the elbow, knee, and other small joints amenable to topical application. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, it was strongly suggested that the claimant was not working following imposition of permanent work restrictions. Ongoing usage of Voltaren gel failed to curtail the applicant's dependence on opioid agents such as tramadol. The claimant continued to report pain complaints as high as 7/10, despite ongoing usage of Voltaren gel, it was acknowledged on July 28, 2015. 8/10 pain complaints were reported on June 17, 2015, again, despite ongoing usage of Voltaren gel. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Gabapentin 300mg #30 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

**Decision rationale:** Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, little seeming discussion of medication efficacy transpired. While the attending provider did recount some low-grade reduction in pain scores from 10/10 without medications to 8/10 with medications on June 17, 2015, these reports were, however, outweighed by the attending provider's commentary on June 17, 2015 to the effect that the claimant had had a recent flare in pain complaints rendering her bedridden, the failure of gabapentin to curtail the applicant's dependence on opioid agents such

as tramadol, and the attending provider's report on January 28, 2015 that the applicant was in fact collecting permanent disability benefits from the claims administrator. Permanent work restrictions were being renewed, unchanged from visit to visit, the treating provider suggested on January 28, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

**Ibuprofen 800mg #90 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

**Decision rationale:** Finally, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an anti-inflammatory medication such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant reported pain complaints as high as 8/10 on June 17, 2015, despite ongoing usage of ibuprofen. Ongoing usage of ibuprofen failed to curtail the claimant's dependence on opioid agents such as tramadol. Permanent work restrictions were renewed, unchanged, from visit to visit. The claimant was not seemingly working with said permanent limitations in place, it was suggested on January 28, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.