

<b>Case Number:</b>	CM15-0181341		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 from 12-01-2010 to 08-25-2013. She has reported subsequent neck pain, bilateral wrist pain and bilateral foot pain and was diagnosed with cervicalgia, cervical radiculopathy, carpal tunnel syndrome, De Quervain's tenosynovitis and insomnia. Electromyography and nerve conduction studies of the bilateral upper extremities on 01-13-2014 showed evidence of a bilateral median neuropathy at the wrist of mild severity with conduction velocity slowing across the wrist and evidence of a bilateral chronic cervical polyradiculopathy affecting multiple nerve roots. The injured worker was noted to have been off work since 2013 and work status was documented as temporarily totally disabled in the 02-26-2015 progress note. Subsequent physician progress notes did not notate the work status. Treatment to date has included oral and topical pain medication, Cortisone injections, bracing, a home exercise program and surgery. Documentation shows that Gabapentin and Ibuprofen were prescribed since at least 11-07-2014 and Voltaren gel and Trazodone were prescribed since at least 05-04-2015. In the 06-15-2015 progress, note pain was rated as 6 out of 10 without medication and 5 out of 10 with medication and that medication was helping. Sleep was noted to have improved with Trazodone. In a progress note dated 08-10-2015, the injured worker reported 5 out of 10 wrist and hand pain that went up to an 8 out of 10 in the afternoon. The injured worker was noted to be awaiting surgery to the right wrist. The physician noted that the injured worker was taking Phenylephrine consistently for some nasal allergies and Sudafed and may have had a positive urine drug screen for amphetamines secondary to her antihistamines. Objective examination findings were notable for weakness of

bilateral grip strength. The physician noted that random urine drug testing was being requested to determine levels of prescription and the presence of any non-prescription drugs. A request for authorization of Voltaren gel 1%, 5 tubes, Trazodone 100 mg #30, Ibuprofen 800 mg #90, Gabapentin 300 mg #90 and random urine drug testing was submitted. As per the 09-04-2015 utilization review, the aforementioned requests were non-certified.

### **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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for short treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal adverse effects. The adverse effects are significantly increased with utilization of multiple NSAIDs medications concurrently. The records indicate that the patient is utilizing multiple NSAIDs concurrently in both oral and topical formulations. The guidelines recommend that the use of topical NSAIDs be limited to the treatment of pain in single small or medium peripheral joints. The use of topical NSAIDs is associated with development of tolerance and reduction of medication efficacy. The request for the use of Voltaren gel 1 % 5 tubes is not medically necessary.

#### **Trazodone 100mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of sedative and hypnotics be limited to short-term treatment of insomnia and sleep dysfunction. The chronic use of sleep medications can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with other sedative agents. The

guidelines recommend that anticonvulsant and antidepressant co-analgesic be utilized for the treatment of chronic pain patients with significant psychosomatic symptoms. The records indicate that the duration of utilization of trazodone had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The request for the use of trazodone 100mg #30 is not medically necessary.

**Ibuprofen 800mg #90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for short treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal adverse effects. The adverse effects are significantly increased with utilization of multiple NSAIDs medications concurrently. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest periods. The records indicate that the patient was utilizing both oral and topical formulations of NSAIDs. The criteria for the use of ibuprofen 80mg #90 are medically necessary.

**Gabapentin 300mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic and chronic pain syndrome. The use of anticonvulsant can result in pain relief, reduction in analgesic utilization, mood stabilization, improved sleep and functional restoration. The records indicate that the patient is utilizing gabapentin for the treatment of chronic pain syndrome. There is documentation of efficacy and functional restoration with the utilization of gabapentin. The criteria for the use of gabapentin 30mg #90 are medically necessary.

**Random Urine Drug Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids UDS.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Urine Drug Screen (UDS) can be utilized for compliance monitoring during chronic opioids and sedative medications treatment. The guidelines recommend that UDS can commence at initiation of opioid treatments and then continued randomly up to 3 times a year with the frequency increased in the presence of aberrant drug behavior. The records did not show that the patient was on chronic opioid medications treatment. There is no documentation of possible aberrant drug behavior except for past incidental detection of cold / allergy medication components. The criteria for Random Urine drug testing are medically necessary.