MAXIMUS Federal Services

Case Number:	CM15-0184428		
Date Assigned:	09/28/2015	Date of Injury:	05/13/2011
Decision Date:	12/04/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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: Washington, 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 injured worker is a 60 year old female who sustained an industrial injury on 5-13-11. The injured worker is undergoing treatment for tenosynovitis of the right third, fourth fifth digit, right third digit trigger finger, regional pain syndrome in right foot, hand and wrist depression from chronic pain, and is status post right shoulder rotator cuff repair (8-29-13). The treatment and diagnostic testing to date has included medications, surgery, home exercise program, QME (2- 14-13, 5-20-14), magnetic resonance arthrogram right shoulder (3-5-14), magnetic resonance imaging of the right hand (2-19-13), magnetic resonance imaging of the lumbar spine (6-26-12), magnetic resonance imaging of the right shoulder (6-26-12), and electrodiagnostic studies (6-19-12). Medications have included: Lidoderm patches, Norco, Gabapentin, Omeprazole. The records do not discuss the efficacy of Voltaren gel, Omeprazole or Norco. The records do not discuss her pain level before and after taking pain medications. There is no discussion regarding gastrointestinal issues and the physical examinations have revealed her gastrointestinal system to be within normal limits. Current work status: modified duty. In provider's progress note, dated 7-1-15, the injured worker reported right shoulder and neck pain rated 8/10. She also reported numbness and tingling in the right hand and an intermittent cold feeling in the right upper extremity. Examination verified trigger points with twitch response in the paracervical and right shoulder musculature. In the provider's progress note, dated 8-4-15, she reported low back pain with radiation into the left buttocks and leg down into the foot. She also reported right shoulder pain with radiation into the scapular region, and right wrist swelling with increased activity. Prolonged activity aggravated the pain of her right upper extremity. Her current medication

regimen was noted to be helping. Physical findings revealed antalgic gait, protectiveness of her right upper extremity, tenderness in the right wrist joint, tenderness in the right shoulder and decreased range of motion in the right shoulder. The request for authorization is for Voltaren gel one percent, apply 2 to 4 gm four times daily; Omeprazole 20mg quantity 30; Norco 5-325mg quantity 30; 6-8 trigger point injections in one session for myofascial pain. The UR dated 8-19-15: non-certified these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Initial Care, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): 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 Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sportsmed. 2013 May; 41(2):64-74.

Decision rationale: Voltaren Gel (diclofenac sodium gel) is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. However, head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. Topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. This patient has been diagnosed with shoulder and hand tendonopathies. Additionally, the patient is not taking a NSAID medication orally. The use of a topical NSAID is an option in therapy. Medical necessity for use of this preparation has been established.

Omeprazole 20 mg #30: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Prilosec (omeprazole) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory drugs (NSAIDs). Even though dyspepsia is also a known side effect of opioid medications the MTUS does not address its use to prevent or treat dyspepsia caused by long-term use of opioids. Since this patient does not have dyspepsia, is not on chronic oral NSAID therapy and chronic opioid therapy has not been approved, there is no indication to continue use of this medication. Medical necessity for use of this medication has not been established.

Norco 5/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non-radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. This patient has nociceptive pain so chronic opioid use would be appropriate option in this patient's therapy. However, at this point in the care of this patient the safe use of chronic opioid therapy is at question. There is no documentation of the specific effectiveness of Norco, comments on the presence or absence of Norco side effects, a patient opioid-use contract, or screening for addiction or aberrant behaviors/medication misuse. The safe use of chronic opioid therapy should have this documentation. Medical necessity for the continued safe use of this medication has not been established.

6 to 8 trigger point injections in one session for myofascial pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Trigger point injections are injections of medications, usually anesthetics and/or steroids although saline, glucose and other agents may also be used, into areas of muscles where pressure on these areas causes focal pain with or without radiation or referred pain. Criteria for use of this treatment modality includes pain over 3 months duration and documented trigger points on exam as evidenced by palpation that triggers local pain, referred pain and a twitch response and, that there is no documented radiculopathy. Review of the available records reveal that this patient does meet the definition of active trigger points as defined above. Trigger point injection should be considered an option in the care of this patient. Medical necessity has been established.