

<b>Case Number:</b>	CM15-0189429		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	08/24/2006
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 38 year old male who sustained an industrial injury on 08-24-2006. A review of the medical records indicated that the injured worker is undergoing treatment for chronic neck pain, medial epicondylitis and bilateral carpal tunnel syndrome. According to the treating physician's progress report on 09-17-2015, the injured worker continues to experience neck pain radiating to the left upper extremity associated with numbness of the entire left arm and pain at the elbow and wrist. The injured worker reported his overall pain has improved. He rated his pain level at 5 out of 10 on the pain scale without medications and with medications pain goes to a 2-3 out of 10. The injured worker reported he uses pain medications 2-3 times a week. Examination of the left elbow noted pain at the left triceps over the medial elbow with positive elbow hyper flexion test for pain, positive left Phalen's and reverse Phalen's tests. Prior treatments have included acupuncture therapy (8-10 sessions in 2014), traction, heat, physical therapy (10 sessions), home exercise program and medications. Current medications were listed as Norco (at least 6 months use), Soma, and Naproxen and Voltaren gel. The injured worker is working full time without restrictions. Treatment plan consists of continuing work, home exercise program, left wrist brace, ice packs, trial H-wave for home use and the current request for Norco 10-325mg, 1 by mouth every day as needed quantity 30, one Rx for this month and another with Do Not Fill (DNF) until 10-17-15 and Voltaren gel 1% apply twice a day #3-100gm, one Rx for this month and another with DNF until 10-17-15. On 09-23-2015 the Utilization Review determined the request for Norco 10-325mg, 1 by mouth every day as needed quantity 30, one Rx for this month and another with Do Not Fill (DNF) until 10-17-15

and Voltaren gel 1% apply twice a day #3-100gm, one Rx for this month and another with DNF until 10-17-15 was not certified.

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

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

**Norco 10/325mg 1 by mouth every day as needed quantity 30, one Rx for this month and another with DNF 10/17/15 given: 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): 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, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (patient is working full time without restrictions and percent reduction in pain or reduced NRS). As such, there is clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco 10/325mg 1 by mouth every day as needed quantity 30, one Rx for this month and another with DNF 10/17/15 given is medically necessary.

**Voltaren gel 1% apply twice a day #3-100gm - one Rx for this month and another with DNF 10-17-15 given: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects, Salicylate topicals, Topical Analgesics.

**Decision rationale:** Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic

effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel 1% apply twice a day #3-100gm - one Rx for this month and another with DNF 10-17-15 given is not medically necessary.