

<b>Case Number:</b>	CM15-0205534		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 65-year-old female, who sustained an industrial injury on 7-30-98. The injured worker was diagnosed as having pain in joint of hand, pain in joint of upper arm, pain in joint of shoulder, cervicobrachial syndrome, chronic pain syndrome, lumbar or lumbosacral disc degeneration, and lumbago. Treatment to date has included physical therapy, Toradol injections, a home exercise program, and medication including Lidoderm patches, Norco, and Voltaren gel. Physical examination findings on 7-8-15 included cervical paraspinous tenderness and hypertonicity. Motor testing was noted to be limited by pain. A sensory deficit was noted in the right C7-8 dermatomal distributions. The injured worker had been taking Norco and using Voltaren gel and Lidoderm patches since at least October 2014. On 5-27-15 pain was rated as 5-6 of 10. On 7-8-15, the injured worker complained of headaches, neck pain, right shoulder pain, and right arm pain rated as 7 of 10 without medication and 4 of 10 with medication. On 9-29-15 the treating physician requested authorization for Norco 7.5-325mg #120, Voltaren 1% gel #120 with 2 refills, and Lidoderm 5% patch 700mg per patch #30 with 2 refills. On 10-9-15 the requests were non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does document improvement in pain with use of medication but does not document any specific functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.

**Voltaren 1% gel #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Voltaren gel is recommended for treatment of osteoarthritis in joints for which lend themselves to topical treatment such as ankle, knee, elbow, wrist, hand and foot. It is not studied for use on spine, hip and shoulder. Voltaren gel for application to cervical spine is not medically necessary.

**Lidoderm 5% patch 700mg/patch #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment and therefore the use of Lidoderm is not medically necessary.