

<b>Case Number:</b>	CM15-0021184		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	12/13/1999
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 64 year old female with an industrial injury dated 12/13/1999 resulting in injury to back and bilateral upper arms. Her diagnoses include chronic neck pain with degenerative disc disease, chronic low back pain with degenerative disc disease, right shoulder strain/sprain with degenerative changes and chronic shoulder pain, chronic headaches, and depression. Additional medical history includes diabetes, peptic ulcer disease, and gastroesophageal reflux disease. Several subsequent injuries were noted. No recent diagnostic testing was submitted or discussed. Prior diagnostics included MRI of the right shoulder in 2004, electromyogram 2000 and 2013, and MRI of the cervical spine and lumbar spine in 2011. Previous treatments have included physical therapy, home exercise program, treatment by psychiatry and by psychologist, and medications. It was noted that the injured worker retired in 2005. Norco was noted to be prescribed since at least 2004. One urine drug screen from 2009 was submitted. Progress notes indicate that the injured worker has been treated with Lexapro for depression since at least 2007; prior medications for depression include Zoloft, paxil, and wellbutrin. The most recent report discussing psychiatric evaluation was from 2010. Voltaren gel was prescribed in 2013 and 2014. On 1/2/13, the physician documented that the injured worker cannot take anti-inflammatory medications but that Voltaren gel has helped her in the past. Recent progress notes from 2013-2015 note medications included norco, voltaren gel, and Lexapro. In a progress note dated 01/13/2015, the treating physician reports the injured worker complained of knee, shoulder, neck and back symptoms. The objective examination revealed tenderness in the paraspinal musculature of the cervical spine, tenderness in the paraspinal

musculature of the lumbar spine with negative straight leg raises, motor strength 5/5 in upper and lower extremities, and right shoulder tenderness anteriorly and laterally. Work status was noted as not applicable/under future care. The treating physician is requesting multiple medications with refills which were denied by the utilization review. An appeal letter by the physician regarding the 1/23/15 UR denial states that the injured worker requires pain medications to allow her to do activities of daily living as well as her home exercise program, and that the injured worker's pain decreases by at least 40% with medications. On 01/23/2015, Utilization Review (UR) non-certified prescriptions for Norco 10mg #60, and Norco 10mg #60 (not to be filled until 02/13/2015) noting the lack of documented functional benefit from use of this medication, and the absence of a patient activity report or CURES report to see if the injured worker was obtaining medications from other providers. UR non-certified prescriptions for Lexapro 30mg #30, and Lexapro 30mg #30 (not to be filled until 02/13/2015) noting the absence of medical necessity for this medication. UR non-certified prescriptions for Voltaren gel 2gm/200mg and Voltaren gel 2gm/200mg (not to be filled until 02/13/2015) noting the absence of supportive documentation for topical medications. UR cited the MTUS. The decision was subsequently appealed to Independent Medical Review (IMR).

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

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

**Norco 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Norco has been prescribed for many years. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The physician documented that the pain medications allow the injured worker to do activities of daily living and home exercise program and that pain is improved with use of medication; however, specific activities of daily living were not discussed and the injured worker was noted to be retired/under future care. The prescribing physician does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Discussion of adverse side effects and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Only one urine drug

screen was submitted in spite of documentation of treatment with opioids for 10 years. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Norco 10mg, not to be filled until 2/13/15 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Norco has been prescribed for many years. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, “mechanical and compressive etiologies,” and chronic back pain. The physician documented that the pain medications allow the injured worker to do activities of daily living and home exercise program and that pain is improved with use of medication; however, specific activities of daily living were not discussed and the injured worker was noted to be retired/under future care. The prescribing physician does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient “has failed a trial of non-opioid analgesics.” Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Discussion of adverse side effects and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Only one urine drug screen was submitted in spite of documentation of treatment with opioids for 10 years. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Lexapro 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107-108.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants Page(s): p. 14-16. Decision based on Non-MTUS Citation ODG mental illness and stress chapter: antidepressants for treatment of major depressive disorder

**Decision rationale:** The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of

treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Lexapro (escitalopram) is a selective serotonin reuptake inhibitor. Selective serotonin reuptake inhibitors (SSRIs) are controversial based on clinical trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The documentation submitted indicates that lexapro has been prescribed for at least 7 years for the treatment of depression. There was no documentation of functional improvement as a result of treatment with lexapro. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. The more recent progress notes do not address depression but rather focus on orthopedic issues of degenerative changes of the shoulder and chronic neck and low back pain. The most recent psychiatric evaluation submitted was from 2010. Due to the ACOEM recommendation for medication evaluation in the treatment of depression, the ODG recommendation of assessment of symptom severity in selection of treatment for depression, lack of documentation of functional improvement as a result of antidepressant use, and the lack of recent psychological/psychiatric evaluation for depressive symptoms/severity/response to medication, the request for Lexapro 30mg #30 is not medically necessary.

**Lexapro 30mg, not to be filled until 2/13/15, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107-108.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants Page(s): 14-16.

**Decision rationale:** The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Lexapro (escitalopram) is a selective serotonin reuptake inhibitor. Selective serotonin reuptake inhibitors (SSRIs) are controversial based on clinical trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The documentation submitted indicates that lexapro has been prescribed for at least 7 years for the treatment of depression. There was no documentation of functional improvement as a result of treatment with lexapro. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. The more recent progress notes do not address depression but rather focus on orthopedic issues of degenerative changes of the shoulder and chronic neck and low back pain. The most recent psychiatric evaluation submitted was from 2010. Due to the

ACOEM recommendation for medication evaluation in the treatment of depression, the ODG recommendation of assessment of symptom severity in selection of treatment for depression, lack of documentation of functional improvement as a result of antidepressant use, and the lack of recent psychological/psychiatric evaluation for depressive symptoms/severity/response to medication, the request for Lexapro 30mg, not to be filled until 2/13/15, #60 is not medically necessary.

**Voltaren gel 2g/200mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of failure of antidepressant and anticonvulsant medication. Per the MTUS, topical nonsteroidal anti-inflammatory medications (NSAIDs) for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical NSAIDs are not recommended for neuropathic pain. There should be no concurrent use of an oral and topical NSAID. The only FDA approved topical NSAID is voltaren gel (diclofenac). Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The documentation indicates that the injured worker had chronic pain in the cervical and lumbar spine and right shoulder, areas which have not been shown to benefit from treatment with topical analgesics. In addition, the injured worker did not have a diagnosis of osteoarthritis. The MTUS states that topical treatment with voltaren gel can result in blood concentrations and systemic effect comparable to those from oral forms. The injured worker had a history of peptic ulcer disease and gastroesophageal reflux disease, which may be potentially exacerbated by use of nonsteroidal anti-inflammatory medication such as voltaren. Due to the lack of indication and the potential for toxicity, the request for Voltaren gel 2g/200mg is not medically necessary.

**Voltaren gel 2g/200mg, not to be filled until 2/13/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of failure of antidepressant and anticonvulsant medication. Per the MTUS, topical nonsteroidal anti-inflammatory medications (NSAIDs) for short term pain relief may be indicated for pain in

the extremities caused by osteoarthritis or tendonitis. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical NSAIDS are not recommended for neuropathic pain. There should be no concurrent use of an oral and topical NSAID. The only FDA approved topical NSAID is voltaren gel (diclofenac). Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The documentation indicates that the injured worker had chronic pain in the cervical and lumbar spine and right shoulder, areas which have not been shown to benefit from treatment with topical analgesics. In addition, the injured worker did not have a diagnosis of osteoarthritis. The MTUS states that topical treatment with voltaren gel can result in blood concentrations and systemic effect comparable to those from oral forms. The injured worker had a history of peptic ulcer disease and gastroesophageal reflux disease, which may be potentially exacerbated by use of nonsteroidal anti-inflammatory medication such as voltaren. Due to the lack of indication and the potential for toxicity, the request for Voltaren gel 2g/200mg, not to be filled until 2/13/15 is not medically necessary.