

<b>Case Number:</b>	CM15-0023900		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/01/2006
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female, who sustained an industrial injury on 6/1/2006. On 2/9/15, the injured worker submitted an application for IMR for review of Voltaren 1% gel quantity 20, and Norco 10/325mg quantity 180. The treating provider has reported the injured worker was seen for routine progress. The diagnoses have included pain disorder associated with both psychological factors and general medical condition. Treatment to date has included gastric bypass surgery (11/28/08), right shoulder surgery (9/19/02) and left shoulder surgery (2/18/14), group therapy. On 2/3/15 Utilization Review MODIFIED Voltaren 1% gel quantity 20 TO A QUANTITY OF 5, and Norco 10/325mg quantity 180 TO A QUANTITY OF 150. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel quantity 20:** Upheld

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

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

**Decision rationale:** Per the 01/15/15 report the patient presents for follow up s/p right shoulder surgery 02/18/14. The patient's diagnoses include: arthritis, and left shoulder rotator cuff tendinopathy and left AC joint arthropathy. The current request is for VOLTAREN 1% GEL QTY 20 per the 01/28/15 RFA. The 02/03/15 utilization review modified this request from #20 to #5. The patient is not working disability retirement. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The 01/15/15 report states use of this medication is for the shoulder. In this case, guidelines state this medication is indicated for tendinitis/arthritis in peripheral joints not the shoulder. No clinical evidence is provided of peripheral joint arthritis or tendinitis. The request IS NOT medically necessary.

**Norco 10/325mg quantity 180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/15/15 report the patient presents for follow up s/p right shoulder surgery 02/18/14. The patient's diagnoses include: arthritis, and left shoulder rotator cuff tendinopathy and left AC joint arthropathy. The current request is for NORCO 10/325mg QTY 180, Hydrocodone, and an opioid. The RFA included is dated 01/28/15. The utilization review of 02/03/15 modified this request from #180 to #60. The patient is not working disability retirement. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient's treatment history provided is very limited. Only the 01/15/15 report discusses the patient's pain. It is unclear how long the patient has been prescribed Norco. However, the report provided does generally discuss the patient's 6 month prescription history as well as prior use of other opioids that indicate long-term opioid use. The treater states that the patient's medications include Neurontin, Duragesic patches, Celebrex and Flexeril and that pain medications decrease the patient's pain by 50-60%. Pain with medications is reported reduced to 4/10 from 8-9/10. The treater states that these medications are necessary to manage pain and that they are the only way she can remotely function with activities of daily living. No specific ADL's are mentioned to show a significant change with use of this medication; however, Opiate management issues are documented. The report does state the patient has an opiate management contract and she does not exhibit any aberrant behaviors. The patient's saliva studies of 05/19/14 are noted to be consistent with her

medication regimen. Side effects of opioid use are discussed. In this case, the 4A's have been sufficiently documented as required by the MTUS guidelines. The request IS medically necessary.