

<b>Case Number:</b>	CM15-0214171		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	04/28/1993
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 04-28-1993. She has reported injury to the neck, left shoulder, and bilateral wrists. The diagnoses have included cervical cervicalgia with cervical radiculopathy; status post cervical fusion C4-C7, on 06-11-2008, and repeat posterior cervical fusion C5-C7, on 07-28-2010; left shoulder pain; status post multiple left shoulder surgeries, with most recent subacromial decompression and excision of distal clavicle, on 07-01-2013; and bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, H-Wave home unit, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. Medications have included Naproxen, Ibuprofen, Diclofenac, Vicodin ES, Voltaren gel, Amitriptyline, and Clonazepam. A progress report from the treating physician, dated 09-22-2015, documented a follow-up visit with the injured worker. The injured worker reported that she remains symptomatic with neck pain; she has a slight increase in right-sided neck pain, which radiates into the shoulder; the pain is rated at 7 out of 10 in intensity with use of medications, and 10 out of 10 in intensity without the use of medications; she notes 30-40% improvement in pain levels with her current medication and 40% improvement in function; she has ongoing numbness and tingling in her upper extremity and persistent left shoulder pain; the right side of the neck pain worsens with movement of her head particularly with extension, rotation, and lateral bending; and she has experienced muscle spasms. It is noted that the injured worker continues to utilize Vicodin ES as needed for moderate-to-severe breakthrough pain; she also utilizes the Voltaren gel as a topical anti-inflammatory for her left shoulder due to osteoarthritis and pain; she has a history of

gastritis, dyspepsia, and GERD (gastroesophageal reflux disease), and cannot tolerate any oral anti-inflammatories; and Amitriptyline is used intermittently for nights of insomnia and neuropathic pain. Objective findings included there is tenderness from C1 through T1; she has tenderness over the spinal musculature right greater than left with 2+ muscle spasms over the right trapezius and rhomboid; cervical ranges of motion are decreased; there is hypesthesia noted over the distribution of the left C5 nerve root; positive Tinels' at the left wrist and positive Phalen's; and there is a well-healed surgical scar mildly tender to palpation to the left shoulder with intact range of motion. The treatment plan has included the request for Vicodin ES 7.5-300mg #120; and Voltaren gel 1%, #300. The original utilization review, dated 10-05-2015, non-certified the request for Vicodin ES 7.5-300mg #120; and Voltaren gel 1%, #300.

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

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

**Vicodin ES 7.5/300mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/22/15. Therefore the determination is not medically necessary.

**Voltaren gel 1% #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Diclofenac, topical.

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

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, topical analgesics NSAIDs, states that 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity)." In this case there is insufficient evidence of osteoarthritis in the records from 9/22/15 to warrant Voltaren Gel. CA MTUS guidelines do not recommend the use of Voltaren gel in treatment of the spine, hip or shoulder. Therefore determination is not medically necessary.