

<b>Case Number:</b>	CM15-0033553		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Texas, California  
 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:

This is a 58 year old female patient, who sustained an industrial injury on 03/20/2013. The diagnoses have included right shoulder adhesive capsulitis and over use upper extremity. She sustained the injury due to cumulative trauma. Per the progress note dated 02/09/2015, she had complaints of right shoulder pain. The physical examination revealed triggering on both hands and tenderness on palpation, minimal epicondylitis and myofascial tenderness. The current medications list includes norco, ultram and voltaren gel. Noted treatments to date have included trigger point injections and medications. She has had toradol injection on 1/15/15. She has had cervical MRI on 6/15/2013. Previous operative or procedure note related to the injury was not specified in the records provided. Utilization Review determination on 02/18/2015 non-certified the request for Norco 10/325mg Quantity: 120, Ultram 50mg Quantity: 120, and Voltaren Ointment 1% Quantity: 2 long tubes citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Request: Norco 10/325 MG Qty 120 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids like tramadol is not specified in the records provided. A recent urine drug screen report is also not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 10/325 MG Qty 120 is not established for this patient at this time.

**Ultram 50 MG Qty 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

**Decision rationale:** Request: Ultram 50 MG Qty 120. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per

the records provided she had chronic right shoulder pain. She is noted to have significant objective evidence of abnormalities on physical exam- tenderness, triggering and epicondylitis. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 50 MG Qty 120 is medically appropriate and necessary to use as prn during acute exacerbations.

**Voltaren Ointment 1 Percent Qty 2 Long Tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/01/15)Voltaren<sup>®</sup> 1/2 Gel (diclofenac).

**Decision rationale:** Request: Voltaren Ointment 1 Percent Qty 2 Long TubesThe cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Any intolerance or contraindication to oral medications is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response to antidepressants and anticonvulsants is not specified in the records provided. In addition, per the ODG cited above voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations."The medical necessity of Voltaren Ointment 1 Percent Qty 2 Long Tubes is not established for this patient at this time.