

<b>Case Number:</b>	CM15-0042265		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 43 year old female who has reported neck and back pain after an injury on 6/2/08. The diagnoses have included cervical degenerative disc disease (DDD), cervical radiculitis, chronic pain syndrome, myofascial pain and thoracic spine pain. Treatments to date that are listed in the records consist of medications. The injured worker has been prescribed the drugs currently referred for Independent Medical Review on a chronic basis. The PR2s of 10/22/14 and 12/17/14 noted ongoing neck, low back, and upper back pain. The injured worker was working full duty. Denial of medications has caused increased pain. The urine drug screen of 9/14 was stated to be "appropriate", with no actual results presented. The usual medications were refilled. Per the PR2 of 2/6/15, there was chronic back pain. Tizanidine was stated to allow the injured worker to continue working. The current medications included Norco, Morphine, Voltaren gel, Gabapentin, and Tizanidine. The physical exam revealed thoracic tenderness. The urine drug screen dated 9/14/14 was not discussed. The Treatment Plan included re-fill of medications with follow up in 8 weeks. There was no work status other than the mention that tizanidine kept her working. There was no discussion of the specific results of using any other medication. Function was minimally addressed. On 2/18/15 Utilization Review non-certified Voltaren gel, Norco, Morphine IR #6, and Tizanidine. Note was made of prior Utilization Review and Independent Medical Review denials of these medications. The MTUS was cited. Gabapentin was certified for treatment of neuropathic pain. On 10/29/14 Independent Medical Review upheld Utilization Review non-certifications for Norco, MSIR, and Tizanidine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% 300 gm 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation FDA MedWatch, 12/5/09: Voltaren Gel (diclofenac sodium topical gel) 1% - Hepatic Effects Labeling Changes.

**Decision rationale:** No physician reports discuss the specific indications and results for Voltaren gel prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. The injured worker has been given multiple medications and the only one which has been discussed with respect to the specific results of use is tizanidine, which apparently aids return to work. No similar information has been provided for Voltaren. Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain, which appears to be the intended use for this injured worker. Note the FDA warning above. Patients using Voltaren gel should have periodic tests of the liver. There is no evidence in this case that the prescribing physician is carefully monitoring for liver toxicity. If the treating physician were to be monitoring liver function, and if the treating physician were to provide good evidence of specific functional benefit for Voltaren (rather than general assertions of benefit for all medications together), Voltaren might be medically necessary in spite of the MTUS recommendations for topical NSAIDs. This kind of treatment plan and clinical evidence is not present in the available records and as a result, Voltaren gel is not medically necessary.

**Norco 10/325 mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 60.

**Decision rationale:** There is insufficient 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, opioid contract, and there should be a prior failure of non-opioid therapy. There is no evidence of random drug testing, and the one test listed in the reports does not include any actual results. The injured worker has returned to work, which meets one of the criteria but this is not the sole criterion for continuing opioids. None of the reports address the actual pattern of intake and the specific benefit for Norco rather than a general report of benefit from all the medications. The treating physician may or may not have performed adequate trials of non-opioid treatment, as this is not documented. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia

is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Morphine 15 mg #6 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 60.

**Decision rationale:** The request as listed in the Utilization Review was for #6 of Morphine IR 15 mg. The request for Independent Medical Review did not list any quantity or dose. The indication for only #6 pills is unclear. It may be that #60 was intended but that is not what was requested of Independent Medical Review or listed in the Utilization Review. As with Norco, there is insufficient 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, opioid contract, and there should be a prior failure of non-opioid therapy. There is no evidence of random drug testing, and the one test listed in the reports does not include any actual results. The injured worker has returned to work, which meets one of the criteria but this is not the sole criterion for continuing opioids. None of the reports address the actual pattern of intake and the specific benefit for morphine rather than a general report of benefit from all the medications. The treating physician may or may not have performed adequate trials of non-opioid treatment, as this is not documented. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Tizanidine 4 mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show the actual pattern of intake of Tizanidine, such as frequency of use and specific results of use. Note that Tizanidine, when indicated, can be hepatotoxic. There are no reports, which show that LFTs are monitored. As with Voltaren, there is no evidence of a plan to monitor liver function. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary, in part due to lack of toxicity monitoring.