MAXIMUS Federal Services

Case Number:	CM15-0043820		
Date Assigned:	03/13/2015	Date of Injury:	05/22/2006
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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 62-year-old male, who sustained an industrial injury on 05/22/2006. Initial complaints reported included right arm and shoulder pain/injury. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, left ulnar nerve transposition surgery, angioplasty, electrodiagnostic testing of the lower extremities, and psychological evaluation/therapy. Currently, the injured worker complains of neck, right shoulder and upper extremity pain with numbness and tingling in the left upper extremity, bilateral hand pain, and low back pain. Current diagnoses include cervical spondylosis without myelopathy. The treatment plan consist of continued TENS (Transcutaneous Electrical Nerve Stimulation), continued medications, continued home/gym exercise program, continued use of braces, left L5 transforaminal epidural steroid injection, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: 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 Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities, rated 8/10, bilateral hand pain, and low back pain, radiating to bilateral lower extremities, rated 8/10, with tingling and numbness. The request is for VOLTAREN GEL. Patient is status post Left ulnar nerve transposition surgery, date unspecified. Physical examination to the cervical spine on 01/20/15 revealed tenderness to palpation to the trapezius muscles bilaterally. Range of motion was decreased in all planes. Patient's treatments have included medications and a TENS unit. Per 02/10/15 Request For Authorization Form, patient's diagnosis includes cervical spondylosis W/O myelopathy. Patient's medications, per 02/10/15 progress report include Butrans Patch, Norco, Voltaren Gel and Escitalopram Oxalate. Patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal antinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Patient has received prescriptions for Voltaren Gel from 04/15/14 and 02/10/15. In 02/10/15 progress report, it is stated that the patient reports that the Voltaren Gel helps with his pain by lowering his pain levels two full points on a 0/10 visual analog pain scale. Per Request For Authorization Form dated 02/10/15, treater is requesting Voltaren Gel to be applied to hands and neck bid # 5 tubes. However, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID topical would be indicated. Furthermore, this NSAID topical cream has diminishing effects lasting less than 4 weeks, and the request for quantity 5 would be excessive, even if patient presented with appropriate indications. This request does not meet MTUS indications; therefore, it IS NOT medically necessary.

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The request is for NORCO 5/325 MG # 100. The patient presents with neck pain radiating to bilateral upper extremities, rated 8/10, bilateral hand pain, and low back pain, radiating to bilateral lower extremities, rated 8/10, with tingling and numbness. Patient is status post Left ulnar nerve transposition surgery, date unspecified. Physical examination to the cervical spine on 01/20/15 revealed tenderness to palpation to the trapezius muscles bilaterally. Range of motion was decreased in all planes. Patient's treatments have included medications and a TENS unit. UDS test results dated 06/20/14 were consistent with patient's medications. Per 02/10/15 Request For Authorization Form, patient's diagnosis includes cervical spondylosis W/O myelopathy. Patient's medications, per 02/10/15 progress report include Butrans Patch, Norco, Voltaren Gel and Escitalopram Oxalate. Patient is permanent and stationary. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs."Norco has been included in patient's medications from 4/15/14 and 02/10/15. UR letter dated 02/18/15 had modified the requested #100 to # 50 tablets. In this case, treater has not discussed how Norco significantly improves patient's activities of daily living. The treater does not document measurable increase in activities of daily living due to prolonged opioid use. Urine analysis test dated 06/20/14 showed results consistent with patient's medications, however no opioid pain contract or CURES reports were provided. No discussions regarding aberrant behavior were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Butrans patch 20mcg/hour 4 patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

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

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities, rated 8/10, bilateral hand pain, and low back pain, radiating to bilateral lower extremities, rated 8/10, with tingling and numbness. The request is for BUTRANS PATCH 20 MCG/HOUR 4 PATCHES. Patient is status post Left ulnar nerve transposition surgery, date unspecified. Physical examination to the cervical spine on 01/20/15 revealed tenderness to palpation to the trapezius muscles bilaterally. Range of motion was decreased in all planes. Patient's treatments have included medications and a TENS unit. Per 02/10/15 Request For Authorization Form, patient's diagnosis includes cervical spondylosis W/O myelopathy. Patient's medications, per 02/10/15 progress report include Butrans Patch, Norco, Voltaren Gel and Escitalopram Oxalate. Patient is permanent and stationary. 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 4A's (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. Treater has not provided reason for the request. The patient has been prescribed the Butrans Patch since from 04/15/14 and 02/10/15, along with Norco, another opioid. In this case, the treater does not document its impact on other opioid therapy, as there are no records indicating a decrease in utilizing Norco. The treater has not discussed how the Burtrans patch significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument has been used to show functional improvement. No opioid pain contract or CURES available for review. No discussions regarding aberrant behavior were provided either. MTUS requires

appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.