

<b>Case Number:</b>	CM14-0140881		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant was injured on 05/11/12. The medical records were reviewed. Ultracet, Voltaren gel, and Naproxen are under review. On 02/10/14, medications included Naproxen, Voltaren, and Mirtazapine. The claimant underwent surgery for recurrent right carpal tunnel syndrome on 04/16/14. On 07/11/14, the patient complained of pain in the right upper extremity from the right fingers to the elbow. The second through fifth digits were numb. On physical examination there was a clean, closed, and dry incision. There was a positive Tinel's at the medial elbow. Strength was good. Diagnoses included right cubital tunnel syndrome and right carpal tunnel syndrome status post release. Naproxen, Ultracet, and Voltaren gel were all ordered. The claimant was status post right carpal tunnel release. Physical Therapy was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 50 mg, #90 1 PO 6 HRS PRN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain-Opioids, Specific drug list and Opioids, criteria for use

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Medications for Chronic Pain Page(s): 145; 94.

**Decision rationale:** The history and documentation do not objectively support the request for Ultracet 50 mg #90 1 po q 6 hours prn. The MTUS state "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Also, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005)" There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The expected benefit or indications for the use of this medication have not been stated. The claimant was also prescribed Naproxen and Voltaren gel and the pattern of use of the medications is not described. The anticipated measurable objective or functional benefit to the claimant of the use of this medication is not described. Under these circumstances, the medical necessity of this request for Ultracet 50 mg #90 for use prn has not been clearly demonstrated. Therefore, this request is not medically necessary.

**Voltaren Gel 1% bottle apply once a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Voltaren gel 1% bottle to apply once a day. The MTUS state "topical agents may be recommended as an option [but are] 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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. It is not clear where it was to be applied. The claimant received Ultracet and Naproxen, also, and it is not clear what additional benefit was anticipated from the use of this topical agent or why its use was thought to be necessary. The medical necessity of this request for Voltaren gel 1% 1 bottle has not been clearly demonstrated. Therefore, this request is not medically necessary.

**Naproxen 550 mg, #60 1 BID PRN Pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDs Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories for Chronic Pain Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for Naproxen 550 mg, #60 1 BID PRN pain. The MTUS state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, there is evidence of degenerative joint disease or osteoarthritis and no indication that this medication is being use for acute exacerbations of chronic back pain. The claimant's pattern of use of this medication is unclear, including when she takes it, what pain relief she receives, how long it lasts, or the objective measurable or functional benefit she receives from it. There is no evidence of significant inflammation to support its use prior to a trial of first line medication such as acetaminophen. There is no indication that she has been involved in an ongoing program of exercise to try to maintain any benefits she receives from treatment measures. The medical necessity of the use of Naproxen 550 mg 1 po BID prn has not been clearly demonstrated. Therefore, this request is not medically necessary.