

<b>Case Number:</b>	CM14-0142462		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 8/1/01. A utilization review determination dated 8/20/14 recommends non-certification of Voltaren 1% and baclofen. Modification was recommended for senna/docusate, Norco, and Neurontin. Kadian was certified. A 6/12/14 medical report identifies pain in the neck with radiation to the extremities. Pain is 2/10 with medication and 10/10 without. She is able to do simple chores around the house and minimal activities outside two days a week. Without medication, she stays in bed all day and feels hopeless and helpless about life. On exam, there is tenderness and limited ROM (range of motion). Recommendations include wait until next visit to begin weaning off of Norco as she is recently off the morphine, then taper down baclofen, maintain her on gabapentin long-term, and a trial of Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% #100 refills2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127 Page(s): 111-1.

**Decision rationale:** Regarding the request for Voltaren 1%, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Voltaren 1% #100 refills 2 is not medically necessary.

**Baclofen 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 63-66 of 127.

**Decision rationale:** Regarding the request for baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen 20mg #90 is not medically necessary.

**Senna Docusate Sodium 8.6mg-50mg #120 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 44, 47, 75-79, 120 o.

**Decision rationale:** Regarding the request for senna/docusate sodium, CA MTUS supports prophylactic treatment of constipation for patients utilizing chronic opioid therapy. Within the documentation available for review, the patient is noted to be utilizing opioids. In light of the above issues, the currently requested Senna Docusate Sodium 8.6mg-50mg #120 is medically necessary.

**Norco 10/325mg #120 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 44, 47, 75-79, 120 o.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain. There is no indication of any intolerable side effects or evidence of aberrant behaviors. The provider noted that the patient recently discontinued morphine and would soon be attempting to taper Norco. In light of the above, the currently requested Norco 10/325mg #120 with 1 refill is medically necessary.

**Neurontin 600mg #120 refills 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 16-21 of 127 Page(s): 16-21 o.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of neuropathic pain with significant analgesic benefit and functional improvement with the current medication regimen and no significant side effects identified. In the light of the above, the currently requested gabapentin (Neurontin 600mg #120 refills 1) is medically necessary.