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| <b>Case Number:</b>   | CM14-0146870 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 04/02/2013 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 08/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2014 |

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 42 year old female who reported an injury on 04/02/2013. The mechanism of injury was cumulative trauma. Her diagnoses were chronic pain syndrome, sprain of wrist, and impaired renal function status post kidney removal. Her treatments included physical therapy and a home exercise program. She had plain films of the right wrist and right upper extremity. Previous surgeries included a kidney removal in 2013 and gastric sleeve surgery. On 08/20/2014 she rated her pain 4-5/10 with continued pain in her hands. The physical examination revealed right wrist joint tenderness and tenderness of the bilateral lateral epicondyles and distal upper extremities. Her medications included Wellbutrin, Ginkgo Biloba, and Melatonin. The treatment plan was for 3 Tubes of 1% Voltaren Gel 100g and Ultracet 37.5mg/325mg #60. The rationale for request and the request for authorization form were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Tubes of 1% Voltaren Gel 100g: Upheld**

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

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

**Decision rationale:** As stated in the MTUS Chronic Pain Guidelines, topical NSAIDs have a diminishing effect after a 2 week treatment for osteoarthritis. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical analgesics can result in blood concentrations and systemic effect comparable to those from oral forms, therefore, caution should be used for patients at risk to include those with renal failure. The injured worker reported continuous pain in her hands despite physical therapy. It is noted in the guidelines that topical medications should be used with caution, especially those with renal failure. The injured worker is status post kidney removal, which puts her at a higher risk. Furthermore, it is indicated that topical NSAIDs show a decrease in effectiveness after 2 weeks. The request is for 3 tubes of Voltaren, which may be unnecessary if effects diminish after 2 weeks. The request failed to provide the frequency at which the medication is to be used and directions for applying the requested gel. As such, the request for 3 Tubes of 1% Voltaren Gel 100g is not medically necessary.

**Ultracet 37.5mg/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93-94..

**Decision rationale:** As stated in the MTUS Chronic Pain Guidelines, Tramadol is indicated for moderate to severe pain. While the patient is taking opioids, it is indicated that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Also, there should be a detailed pain assessment that includes the current pain at the time of the visit; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker reported continuous hand pain. It was noted that she was given Tramadol on 05/30/2014; however, there was insufficient documentation showing functional gains or a decrease in pain since she reported her pain level as 4-5/10 at her visits after the medication was prescribed. Also, with continuous use of opioids, a detailed pain assessment must be done at every visit as recommended by the guidelines; however, the requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Furthermore, a recent urine drug screen with results was not noted; therefore, it is unknown if the injured worker is using the medication as prescribed. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Ultracet 37.5mg/325mg #60 is not medically necessary.