

Case Number:	CM14-0148581		
Date Assigned:	09/18/2014	Date of Injury:	02/12/2007
Decision Date:	10/16/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/12/2014

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 & Rehabilitation 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 51-year-old male with a date of injury of 2/12/07. The mechanism of injury occurred when he fell on an outstretched upper extremity injuring his right elbow, right hand, right shoulder, and lower back area. On 8/21/14, he was status post L4-5 and L5-S1 epidural steroid injection 8/5/14 with great benefit which had provided at least 70% pain relief. He also had recent shoulder surgery. His pain level is 2-3/10 with medications and 8/10 without medications. The H-wave was also beneficial. On exam there was tenderness to palpation over lumbosacral spine and restricted range of motion. The diagnostic impression is right rotator cuff sprain and strain, and lumbar radiculopathy. Treatment to date: surgery right shoulder, steroid injection right acromial space, Epidural steroid injection left L4-5 and L5-S1, medication management, H-Wave unit, physical therapy, home exercise program. A UR decision dated 9/9/14 modified the request for Norco and denied the Voltaren gel. The Norco 10/325mg #480 was modified to Norco 10/325mg #120 because guideline requirement for chronic pain management include assessments of function so that treatment intervention response can be measured. Evidence of functional improvement or maintenance of function that would otherwise deteriorate is necessary and essential for the continued support of any treatment intervention. There should also be documentation of close monitoring including a pain contract and prescriber data base search. The request is modified to allow for documentation of close monitoring and functional benefit per guideline recommendations. The Voltaren gel 1% 2gm tubes #8 tubes was denied because guidelines state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren is not recommended for neuropathic pain and the available clinical documentation does not document osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of CURES Report or an opiate pain contract. There are no noted urine drug screens or results. There is no documentation of lack of adverse side effects or aberrant behavior. The UR modified the Norco 10/325mg #480 to Norco 10/325mg #120. The request as stated does not reflect a quantity requested. Therefore, the request for Norco 10/325mg is not medically necessary.

Voltaren gel 1% 2gm: 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 Guidelines Boswellia Serratsa Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Voltaren Gel

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, Voltaren gel is a non-steroidal anti-inflammatory drug (NSAID) in the same class as ketoprofen. Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There are many agents that are compounded as mono-therapy or in combination for pain control, including NSAIDs. There is little to no research to support the use of these agents for topical use. CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. The FDA indication for Voltaren gel is for the relief of pain of osteoarthritis of joints of the knees and hands. It has not been evaluated for use on the spine, hip or shoulder. The patient does not have a diagnosis of osteoarthritis but does experience radiculopathy. Voltaren gel is not indicated for neuropathic pain. In addition, 2gm is

not a quantity to dispense but a dose to apply to the needed area. Therefore, the request for Voltaren gel 1% 2gm is not medically necessary.