

<b>Case Number:</b>	CM15-0116148		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 60 year old female, who sustained an industrial injury on 05/13/2011. According to a progress report dated 04/30/2015, the injured worker presented with persistent right upper extremity pain problems. Shoulder pain was rated 7 on a scale of 1-10 in severity. Shoulder and right hand pain was constant and was aggravated with repetitive activities. Right hand pain was associated with intermittent swelling. Right wrist splint helped for pain and swelling. Home exercise helped and a combination of current medications was helping. She had low back pain mostly radiating to the right posterior thigh. Objective findings were positive for pain and anxiety and depression. She was grossly protective of her right upper extremity. Tenderness was noted at the right carpometacarpal and metacarpophalangeal joint. Tenderness was noted at the base of the second and third digits. Tenderness was noted in the right acromioclavicular joint and glenohumeral joint. Right shoulder abduction and forward flexion was limited to 100 degrees. Strength was 4/5 in the right shoulder abduction and forward flexion. Otherwise no change was noted. Diagnoses included right third, fourth, fifth digit tenosynovitis, right third digit trigger finger, possibility of complex regional pain syndrome right foot, possibility of complex regional pain syndrome right wrist and hand, depression associated with chronic pain and status post right shoulder rotator cuff repair on 08/29/2013. Prescriptions were given for Norco 5/325mg by mouth every day as needed #30, Voltaren gel 2 to 4 grams four times a day and Lidoderm patch 5% 12 hours on 12 hours off #30. The injured worker had been previously prescribed Norco every 12 hours on 03/31/2015, but was now decreased to one a day. The provider noted requests for authorizations to include x-ray of the lumbar spine-five views and an orthopedic consultation. She was to return to modified work on 06/30/2015. An

authorization request dated 05/13/2015 was submitted for review with requested services to included Norco 5/325mg #30, Voltaren gel, Lidoderm patch 5% #30, x-ray of the lumbar spine-five views (authorized) and orthopedic consultation (authorized). Utilization of Norco, Voltaren gel and Lidoderm patch by the injured worker dated back to the oldest progress report submitted for review on 01/22/2015. Currently under review is the request for Norco 5/325mg quantity 30, Voltaren gel unspecified quantity and Lidoderm patch 5% quantity 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg quantity 30: Upheld**

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that the practitioner should perform ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. CA MTUS guidelines state that functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The treating physician did not document the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. These are necessary to meet MTUS guidelines. As such, the request for Norco 5/325mg quantity 30 is not medically necessary.

**Voltaren gel unspecified quantity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines and OODG guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is recommended for osteoarthritis after failure of an oral NSAID (non-steroidal anti-inflammatory drug), or contraindication to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms. Voltaren Gel 1%

is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Topical NSAIDs (nonsteroidal anti-inflammatory drugs) are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Recommendations are for short-term use (4-12 weeks). There was no indication that she could not tolerate oral NSAIDs or that oral NSAIDs were contraindicated. Documentation submitted for review also indicated that the injured worker had utilized Voltaren gel for longer than 12 weeks. Additionally, the directions do not mention what joints the Voltaren was to be utilized for so the instructions are incomplete. Therefore, the request for Voltaren gel is not medically necessary.

**Lidoderm patch 5% quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Topical Analgesics Page(s): 60, 112.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines recommend topical lidocaine only in the form of the Lidoderm patch for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drug such as Gabapentin or Lyrica). Any topical agent with lidocaine is not recommended if it is not Lidoderm. Guidelines also state that only one medication should be given at a time. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. There was no documentation that the injured worker had failed a trial of first line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drug such as Gabapentin or Lyrica). Therefore, the request for Lidoderm Patch 5% quantity 30 is not medically necessary.