

<b>Case Number:</b>	CM15-0127759		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of June 29, 2012. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve requests for Norco, tramadol, and Voltaren gel. The claims administrator referenced a progress note of May 26, 2015 in its determination. The applicant's attorney subsequently appealed. On May 28, 2015, the applicant reported ongoing complaints of neck, shoulder, and wrist pain, 5/10. The applicant was on Voltaren gel, Pamelor, and Norco, it was acknowledged, several of which were refilled. Overall commentary was difficult to follow and mingled historical issues with current issues. Shoulder MRI imaging was pending, it was reported. The applicant had developed issues with anxiety and depression, it was reported. A rather proscriptive 10- to 15-pound lifting limitation was renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On April 27, 2015, the applicant reported 8/10 neck and shoulder pain complaints, aggravated by driving, reaching, and looking over her shoulder. Norco, Pamelor, and Voltaren gel were renewed. The applicant was asked to pursue MRI imaging of the shoulder and trigger point injection therapy. The applicant was currently off-of work, the treating provider acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off-of work, it was acknowledged on April 27, 2015. The applicant reported 8/10 pain complaints on that date. Activities of daily living as basis as driving and looking over the shoulder remained problematic, it was acknowledged on that date. It did not appear, in short, that the applicant had profited with ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

**Nortriptyline 10 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Functional Restoration Approach to Chronic Pain Management Page(s): 13; 7.

**Decision rationale:** Similarly, the request for nortriptyline, a tricyclic antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic antidepressants such as nortriptyline (Pamelor) are first-line treatment for neuropathic pain, as was seemingly present here in the form of the applicant's cervical radicular complaints, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off-of work, it was acknowledged in April 2015. The applicant reported pain complaints as high as 8/10, despite ongoing Pamelor usage. Ongoing usage of Pamelor failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of nortriptyline (Pamelor). Therefore, the request was not medically necessary.

**Voltaren gel 1%:** 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 Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** Finally, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators here were the neck and shoulder. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren has 'not been evaluated' for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the spine and shoulder, i.e., body parts for which topical Voltaren has not been evaluated. The attending provider failed to furnish a clear or compelling rationale for selection of Voltaren gel for body parts and/or diagnoses for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Norco 5/325 mg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off-of work, it was acknowledged on April 27, 2015. The applicant reported 8/10 pain complaints on that date. Activities of daily living as basis as driving and looking over the shoulder remained problematic, it was acknowledged on that date. It did not appear, in short, that the applicant had profited with ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.