

<b>Case Number:</b>	CM15-0142587		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/08/1997
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year-old female, who sustained an industrial injury on 05-08-1997. She has reported injury to the neck, bilateral shoulders, and bilateral upper extremities. The diagnoses have included pain, arm; pain, joint, elbow; pain, joint, wrist; DeQuervain's disease; right shoulder pain, status post surgery; and history of right nephrectomy (32 years ago). Treatment to date has included medications, diagnostics, acupuncture, TENS (transcutaneous electrical nerve stimulation) unit, trigger point injections, physical therapy, and surgical intervention. Medications have included Oxycodone IR, Oxycontin, Xanax, Norco, Voltaren Gel, Ketamine Cream, and Trazodone. A progress note from the treating physician, dated 05-20-2015, documented a follow-up visit with the injured worker. The injured worker reported that her current pain is located in the bilateral shoulders going down her arm; the pain is rated as 7 out of 10 on the visual analog scale and is described as continuous, sharp, and throbbing pain; movement increases the pain; rest and medication decrease the pain; the current prescribed medications are providing a modicum of relief with increased functioning and no side effects. It is noted in the documentation that the injured worker has had several trigger point injections to the left thumb and left trapezius with moderate relief, and side effects of these caused temporary bilateral cataracts; she has had two right shoulder surgical repairs with 20% pain relief and increased range of motion; she has tried many sessions of acupuncture and use of TENS unit without relief; and she had stopped physical therapy in 11-2012 due to being worried she would re-injure her back. Objective findings included full cervical spine range of motion, with pain on flexion; full motor power is intact with manual testing of the arms bilaterally; paraspinal muscle

spasm is present bilaterally; trapezius tenderness is noted bilaterally; myofascial trigger points are noted over the bilateral levator scapulae; and shoulder range of motion is deferred due to her discomfort. The treatment plan has included the request for Oxycodone tab 15mg #60; Oxycodone tab 10mg #150 Rx date 07-08-15; Trazodone tab 50mg #30 with 6 refills Rx date 07-08-15; Voltaren Gel 1% #500 with 6 refills Rx date 07-08-15; Norco 10-325mg #180; and Oxycontin 20mg #60.

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

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

#### **Oxycodone tab 15mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The 62-year-old patient complains of bilateral shoulder pain radiating down the arms, rated at 7/10, as per progress report dated 05/20/15. The request is for Oxycodone tab 15mg #60. There is no RFA for this case, and the patient's date of injury is 05/08/97. Diagnoses, as per progress report dated 05/20/15, included arm pain; elbow joint pain, wrist joint pain, shoulder pain, and De Quervain's syndrome. Medications included Voltaren gel, Norco, Oxycontin, Oxycodone, Trazodone, and Ketamine cream. The patient is status post nephrectomy and cannot take NSAIDs. The progress reports do not indicate the patient's work status. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, Oxycodone is first noted in progress report dated 12/29/15. It is not clear when the medication was initiated. The patient is taking other opioids including Oxycontin and Norco. As per progress report dated 10/07/14, Oxycontin gives 60% pain relief that lasts for 3 to 4 hours. In progress report dated 05/20/15, the treater states that current medications are "providing a modicum of relief of relief with increased functioning and no side effects to report." UDS dated 02/20/13 was consistent, as per progress report dated 05/20/15. The treater, however, does not use a pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication. No CURES and recent UDS reports are available for review. There is no discussion regarding the side effects of the opioid as well. MTUS requires a clear documentation regarding impact of Oxycodone on 4A's, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.

**Oxycodone tab 10mg #150 Rx date 07/08/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The 62-year-old patient complains of bilateral shoulder pain radiating down the arms, rated at 7/10, as per progress report dated 05/20/15. The request is for Oxycodone tab 10mg #150 Rx DATE 07/08/15. There is no RFA for this case, and the patient's date of injury is 05/08/97. Diagnoses, as per progress report dated 05/20/15, included arm pain; elbow joint pain, wrist joint pain, shoulder pain, and De Quervain's syndrome. Medications included Voltaren gel, Norco, Oxycontin, Oxycodone, Trazodone, and Ketamine cream. The patient is status post nephrectomy and cannot take NSAIDs. The progress reports do not indicate the patient's work status. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, Oxycodone is first noted in progress report dated 12/29/15. It is not clear when the medication was initiated. The patient is taking other opioids including Oxycontin and Norco. As per progress report dated 10/07/14, Oxycontin gives 60% pain relief that lasts for 3 to 4 hours. In progress report dated 05/20/15, the treater states that current medications are "providing a modicum of relief of relief with increased functioning and no side effects to report." UDS dated 02/20/13 was consistent, as per progress report dated 05/20/15. The treater, however, does not use a pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication. No CURES and recent UDS reports are available for review. There is no discussion regarding the side effects of the opioid as well. MTUS requires a clear documentation regarding impact of Oxycodone on 4A's, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.

**Trazodone tab 50mg #30 with 6 refills Rx date 07/08/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress/mental chapter under Trazodone.

**Decision rationale:** The 62-year-old patient complains of bilateral shoulder pain radiating down the arms, rated at 7/10, as per progress report dated 05/20/15. The request is for Trazodone tab 50mg #30 with 6 refills Rx date 07/08/15. There is no RFA for this case, and the patient's date of injury is 05/08/97. Diagnoses, as per progress report dated 05/20/15, included arm pain; elbow joint pain, wrist joint pain, shoulder pain, and De Quervain's syndrome. Medications included Voltaren gel, Norco, Oxycontin, Oxycodone, Trazodone, and Ketamine cream. The patient is status post nephrectomy and cannot take NSAIDs. The progress reports do not indicate the patient's work status. ODG Guidelines stress/mental chapter under Trazodone has the following to say, "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." In this case, a prescription for Trazodone is first noted in progress report dated 12/29/15. As per progress report dated 01/26/15, Trazodone has been prescribed to "improve sleep." The treater does not document the efficacy of the medication. Additionally, ODG supports the use of this medication in patients with insomnia and coexisting depression, and there is no specific diagnoses of depression this patient. Hence, the request is not medically necessary.

**Voltaren Gel 1% #500 with 6 refills Rx date 07/08/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs.

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

**Decision rationale:** The 62-year-old patient complains of bilateral shoulder pain radiating down the arms, rated at 7/10, as per progress report dated 05/20/15. The request is for Voltaren gel 1% #500 with 6 refills Rx date 07/08/15. There is no RFA for this case, and the patient's date of injury is 05/08/97. Diagnoses, as per progress report dated 05/20/15, included arm pain; elbow joint pain, wrist joint pain, shoulder pain, and De Quervain's syndrome. Medications included Voltaren gel, Norco, Oxycontin, Oxycodone, Trazodone, and Ketamine cream. The patient is status post nephrectomy and cannot take NSAIDs. The progress reports do not indicate the patient's work status. The MTUS has the following regarding topical creams (p111, Topical Analgesics section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a prescription for Voltaren gel is noted in progress report dated 10/07/14. As per progress report dated 03/20/15, Voltaren gel was prescribed to wean her off opiates. In the report, the treater also states that the patient has been on this medication for 7 years and "always had great relief of pain with it." He report states that the patient uses the gel for muscle spasms. Although the patient does suffer from peripheral joint pain, there is no diagnosis of arthritis for which Voltaren gel is indicated. Hence, the request is not medically necessary.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The 62-year-old patient complains of bilateral shoulder pain radiating down the arms, rated at 7/10, as per progress report dated 05/20/15. The request is for Norco 10/325mg #180. There is no RFA for this case, and the patient's date of injury is 05/08/97. Diagnoses, as per progress report dated 05/20/15, included arm pain; elbow joint pain, wrist joint pain, shoulder pain, and De Quervain's syndrome. Medications included Voltaren gel, Norco, Oxycontin, Oxycodone, Trazodone, and Ketamine cream. The patient is status post nephrectomy and cannot take NSAIDs. The progress reports do not indicate the patient's work status. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 02/20/15. It is not clear when the medication was initiated. The patient is taking other opioids including Oxycontin and Oxycodone. As per progress report dated 10/07/14, Oxycontin gives 60% pain relief that lasts for 3 to 4 hours. In progress report dated 05/20/15, the treater states that current medications are "providing a modicum of relief of relief with increased functioning and no side effects to report." UDS dated 02/20/13 was consistent, as per progress report dated 05/20/15. The treater, however, does not use a pain scale to demonstrate reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication. No CURES and recent UDS reports are available for review. There is no discussion regarding the side effects of the opioid as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.

**Oxycontin 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The 62-year-old patient complains of bilateral shoulder pain radiating down the arms, rated at 7/10, as per progress report dated 05/20/15. The request is for Oxycontin 20mg #60. There is no RFA for this case, and the patient's date of injury is 05/08/97. Diagnoses, as per progress report dated 05/20/15, included arm pain; elbow joint pain, wrist joint pain, shoulder pain, and De Quervain's syndrome. Medications included Voltaren gel, Norco, Oxycontin, Oxycodone, Trazodone, and Ketamine cream. The patient is status post nephrectomy and cannot take NSAIDs. The progress reports do not indicate the patient's work status. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each

visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. " MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, Oxycontin is first noted in progress report dated 10/07/14. It is not clear when the medication was initiated. The patient is taking other opioids including Oxycodone and Norco. As per progress report dated 10/07/14, Oxycontin gives 60% pain relief that lasts for 3 to 4 hours. In progress report dated 05/20/15, the treater states that current medications are "providing a modicum of relief of relief with increased functioning and no side effects to report." UDS dated 02/20/13 was consistent, as per progress report dated 05/20/15. The treater, however, does not provide specific examples that indicate improvement in function due to the use of this medication. No CURES and recent UDS reports are available for review. There is no discussion regarding the side effects of the opioid as well. MTUS requires a clear documentation regarding impact of Oxycontin on 4A's, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.