

<b>Case Number:</b>	CM15-0175662		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Emergency 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 55 year old female, who sustained an industrial injury on 1-20-14. She reported shoulder, neck, and facial pain. The injured worker was diagnosed as having residual neck pain and radiculopathy, status post anterior cervical discectomy and fusion at C5-6, and probable right shoulder rotator cuff tear. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, an epidural injection, C5-6 anterior discectomy and fusion on 1-21-14, and medication. On 5-14-15 pain was rated as 7 of 10. On 7-10-15 pain was rated as 8 of 10. Physical examination findings on 7-10-15 included tenderness in the cervical paravertebral muscles and trapezius. Cervical spine range of motion was decreased. Hawkins' sign was positive for the right shoulder. Tenderness was noted in the right supraspinatus, acromioclavicular joint and biceps tendon groove. The injured worker had been using Voltaren gel since at least October 2014. Currently, the injured worker complains of neck pain radiating to the arms. The treating physician requested authorization for Ultracet 37.5mg #60, Voltaren gel 100g with 1 refill, and Trazodone 50mg #30. On 8-4-15 the requests were non-certified. Regarding Ultracet and Trazodone, the utilization review (UR) physician noted "there is no evidence that this medication would be indicated for the combination of symptoms and exam findings at this time." Regarding Voltaren gel, the UR physician noted "there is no detailed documentation noting contraindication or failure of oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** The requested Ultracet 37.5mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain radiating into both arms. The treating physician has documented tenderness in the cervical paravertebral muscles and trapezius. Cervical spine range of motion was decreased. Hawkins' sign was positive for the right shoulder. Tenderness was noted in the right supraspinatus, acromioclavicular joint and biceps tendon groove. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultracet 37.5mg, #60 is not medically necessary.

**Voltaren gel 100g refill: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The requested Voltaren gel 100g refill: 1, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has neck pain radiating into both arms. The treating physician has documented tenderness in the cervical paravertebral muscles and trapezius. Cervical spine range of motion was decreased. Hawkins' sign was positive for the right shoulder. Tenderness was noted in the right supraspinatus, acromio-clavicular joint and biceps tendon groove. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren gel 100g refill: 1 is not medically necessary.

**Trazodone 50mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sedating antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors), Antidepressants for chronic pain.

**Decision rationale:** The requested Trazodone 50mg, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has neck pain radiating into both arms. The treating physician has documented tenderness in the cervical paravertebral muscles and trapezius. Cervical spine range of motion was decreased. Hawkins' sign was positive for the right shoulder. Tenderness was noted in the right supraspinatus, acromioclavicular joint and biceps tendon groove. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Trazodone 50mg, #30 is not medically necessary.