

<b>Case Number:</b>	CM15-0025926		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64-year-old female who sustained an industrial injury on 6/21/12. She currently is experiencing right shoulder, right thumb, right wrist, right knee, right ankle pain, low back pain, numbness in both hands, the right greater than the left. Medications include Norco and Voltaren gel. The urine drug screen was consistent with prescribed medications. Diagnoses include diabetes; chronic cervical myofascial pain; chronic lumbosacral pain; chronic right shoulder pain with osteoarthritis; chronic right leg radicular symptoms; chronic right upper extremity radicular symptoms in C5 distribution; chronic right knee sprain; status post right foot pain with ongoing right ankle pain; probable muscle contractions cervicogenic headaches; elevated blood pressure, secondary to industrial injury; depression; chronic right de Quervain's tenosynovitis; chronic right hand pain; symptoms of bilateral carpal tunnel; bilateral ,lower extremity radicular findings; chronic right sternoclavicular joint dislocation. Treatments included right thumb and back injection. Diagnostics include abnormal lumbar MRI (1/21/13); abnormal right shoulder MRI (1/14/13); abnormal electromyography and nerve conduction studies ((5/22/13); cervical and lumbar x-rays (2012). In the progress note dated 1/20/15 the treating provider recommended refilling Norco and Voltaren as the injured worker obtains pain relief and improved functioning when she uses them. On 1/27/15 Utilization review non-certified the requests for Voltaren Gel 5-100 GM tube #1 with 3 refills and Norco 5/325 mg # 120 citing MTUS: Chronic Pain Medical treatment Guidelines: Topical Analgesics and MTUS: Chronic pain Medical treatment Guidelines: Opioids respectively.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 5-100g tube #1, with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NONSELECTIVE NSAIDS Page(s): 111, 107.

**Decision rationale:** Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain, shoulder and knee pain. There is no evidence of right upper extremity osteoarthritis. Therefore, the request for Voltaren gel 1% 100gms with 3 refills is not medically necessary.

**Norco 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 91, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of

functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 5/325mg #120 is not medically necessary.