

<b>Case Number:</b>	CM15-0048256		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old female has reported right shoulder, left ankle and back pain after falling on 11/20/09. Current diagnoses include status post right shoulder arthroscopy with decompression, lumbar sprain/strain with left lower extremity radiculitis, lumbar degenerative disc disease and status post left ankle arthroscopy. Treatment has included left ankle surgery, right shoulder arthroscopies, medications, physical therapy, chiropractic therapy, electrical stimulation and ankle bracing. She has been prescribed Norco since at least 2012. She has not worked since her date of injury. The last shoulder surgery, a decompression and debridement, was on 8/27/14. Medical reports after the last shoulder surgery reflect ongoing "temporarily totally disabled" work status, multifocal pain, ongoing Norco and Fexmid, and statements that "meds" allow performance of activities of daily living and home exercise. Flector patch was prescribed on 12/5/14, with no discussion of the specific indications. None of the medical reports available for this review discuss the patterns of use for Norco or the specific benefits of using Norco. None of the reports discuss the details of any sleep disorder, or the treatment of sleep problems beyond the use of melatonin. None of the reports discuss the details of any psychiatric condition. Per a PR-2 dated 2/19/15, there was ongoing low back pain with radiation to the left buttock and thigh, and difficulty sleeping in spite of melatonin. Flector patches lack sufficient adherence but "do help." The physical exam was remarkable for lumbar tenderness, guarding, a positive left straight leg raise, a positive Belt test, and decreased range of motion. The treatment plan included physical therapy to the right shoulder, Norco, Voltaren gel, Remeron as a "sleep aide," LSO brace, "temporarily totally disabled" work status, and a pain management consultation. The

injured worker was stated to need the referral because of failure to improve with prior treatment. The injured worker was stated to be taking Effexor prescribed by another physician. The report stated that the injured worker had failed behavioral techniques for improved sleep. On 3/10/15 Utilization Review partially certified Norco and non-certified Voltaren gel and Remeron. Note was made of the insufficient symptomatic and functional improvement while using Norco. Voltaren gel was not indicated for the shoulder or spine. Remeron was not indicated due the lack of depression. The MTUS and the Official Disability Guidelines were cited.

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

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

**Norco 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81, 94, 80, 81, 60.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significantly increased function from the opioids used to date. References to improved are non-specific and refer to medications in general. The prescribing physician describes this patient as "temporarily totally disabled," which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The "temporarily totally disabled" status represents a profound degree of disability and failure of treatment. The treating physician has stated that prior treatment, including opioids, has not resulted in significant benefit. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Voltaren gel 1% 100 grams:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113. Decision based on Non-MTUS Citation FDA MedWatch, 12/5/09: Voltaren Gel (diclofenac sodium topical gel) 1% - Hepatic Effects Labeling Changes.

**Decision rationale:** Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. The treating physician did not provide any indications or body part intended for this NSAID. It is not clear that Voltaren is prescribed for the indications listed in the MTUS. The treating physician has not provided sufficient evidence of symptomatic and functional benefit from a similar product, Flector. It is not clear that Voltaren would be prescribed for short term use as per the MTUS. Note the FDA warning above. There is no evidence in this case that the prescribing physician has a plan for monitoring liver toxicity. Voltaren gel is not medically necessary based on the MTUS recommendations, lack of specific benefit from Flector, and the lack of prescribing according to the FDA recommendations.

**Remeron 15mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

**Decision rationale:** The treating physician has prescribed an antidepressant, Remeron, to an injured worker who is already taking another antidepressant, Effexor, prescribed by another physician. There was no discussion of the possible implications of taking the two antidepressants or of any psychiatric condition. Given the significant side effect profiles of all antidepressants and the complexities of treating psychiatric conditions, the treating physician should provide evidence of a treatment plan that considers the underlying psychiatric condition, the multiple prescribers, and the need for coordination between the medical providers. There is no evidence of that in this case. The treating physician has stated that Remeron was prescribed as a hypnotic. The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. None of the physician reports discuss any specific treatment other than melatonin. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Remeron is not medically necessary based on the lack of sufficient evaluation of the sleep disorder and lack of evidence of a sufficient evaluation of any psychiatric disorders, including the concurrent use of other antidepressants.