

<b>Case Number:</b>	CM15-0063878		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	10/28/1999
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 68-year-old who has filed a claim for chronic knee, hip, and wrist pain reportedly associated with an industrial injury of October 28, 1999. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve requests for Norco, Ambien, and Voltaren gel. The claims administrator referenced a RFA form of March 17, 2015 and an associated progress note of March 4, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated July 15, 2014, the applicant reported ongoing complaints of wrist, hip, knee, and foot pain, highly variable, 3-8/10. The applicant was using Ambien, Norco, and Dendracin lotion as of this point in time, it was acknowledged. Voltaren gel, Norco, and Ambien were endorsed at the bottom of the report. The applicant was not working with previously imposed permanent limitations, the treating provider acknowledged, on this date. On February 4, 2015, the applicant reported 3/10 pain with medications versus 8/10 pain without medications. The note was very difficult to follow and mingled historical issues with current issues. The applicant was currently using Norco, Voltaren, and Ambien, it was acknowledged. The applicant had had prior drug testing in 2007, which was positive for marijuana. The applicant's BMI was 27. It was not clearly established whether the applicant was or was not using marijuana. At the bottom of the report, the attending provider stated that the applicant's ability to lift articles up to 10 pounds was reportedly ameliorated as a result of medication consumption, as was the applicant's ability to perform activities of self-care, personal hygiene, and cooking. Norco, Ambien, Voltaren gel, and permanent work restrictions were renewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (Diclofenac). Decision based on Non-MTUS Citation Official Disability Guidelines Voltaren Gel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, however, one of the applicant's primary pain generators was, in fact, the hip, i.e., the body part for which topical Voltaren had not been evaluated. The attending provider failed to furnish a clear or compelling rationale for selection of Voltaren gel in the face of the tepid-to-unfavorable MTUS position on the same for the body part in question, namely the hip. Therefore, the request was not medically necessary.

**Norco 10/325mg #60:** 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; 6) When to Discontinue Opioids Page(s): 80; 79.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise 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 work, it was acknowledged on February 4, 2015. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, including ongoing Norco consumption, these were, however, outweighed by the applicant's failure to return to work, the attending provider's renewal of permanent work restrictions, unchanged, from visit to visit, and the attending provider failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary that the applicant's lifting tolerance had been increased from 5 to 10 pounds with Norco consumption did not make a compelling case for continuation of the same, nor did the attending provider's reports of improved ability to perform activities of self-care and personal hygiene with ongoing opioid consumption. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates immediate discontinuation of opioids is suggested

in applicants who are concurrently using illicit substances. Here, the applicant was, at one point, using marijuana. It was not clearly established whether the applicant was or was not still using marijuana. Given all of the foregoing, discontinuing opioid therapy with Norco appeared to be a more appropriate option than continuation of the same. Therefore, the request was not medically necessary.

**Ambien 12.5mg #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 Pain (Acute and Chronic), Zolpidem.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration INDICATIONS AND USAGE Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request in question represented a renewal request for Ambien. The applicant had been using Ambien for what appeared to have been a minimum of several months to several years. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.