

<b>Case Number:</b>	CM15-0072595		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/19/2004
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57 year old female, who sustained an industrial injury on 06/19/2004. She reported pain in her low back, right leg, neck and left ankle. She was diagnosed with sprain/strain of the lumbosacral, thoracic, neck, shoulder and upper arms area; lumbosacral neuritis or radiculopathy; brachial neuritis or radiculitis; headache; myalgia and myositis. Treatments have included medications, x-rays, chiropractic care, MRI and epidural steroid injections. According to a progress report dated 03/05/2015, the injured worker reported that her pain was getting worse. She reported severe back pain shooting down her right leg with a heavy and numb sensation and severe cramps. Pain was rated 9 on a scale of 1-10, at best a 4 with medications and 10 without medications. She reported 50 percent reduction in her pain, 50 percent functional improvement with activities of daily living with the medications versus not taking them at all. The provider's impression was noted as flare up of low back pain, history of lumbar sprain/strain with severe degenerative disk disease, disk herniation at L5-S1 entrapping the right S1 nerve root with chronic right radiculopathy in the leg with muscle spasms, cervical sprain/strain with underlying spondylosis stable and history of cervicogenic headaches related to post-concussive head injury. Treatment plan included Tylenol No. 4 with Codeine 1-2 tabs twice daily as needed for pain # 120; limit 4 per day, Voltaren Gel 1% apply 2 grams 4 times daily as anti-inflammatory source 100 gram tube and Lorzone 750mg tabs for muscle spasms 1 every 6 hours as needed #45. She remained under a narcotic contract and urine drug screens were noted to be appropriate.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tylenol No.4 with Codeine #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Acetaminophen (APAP); Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines section on Opioids, On-Going Management, p 74-97, (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. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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 for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the injured worker should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires (a) the injured worker has returned to work, (b) the injured worker has improved functioning and pain. There is current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects AND review of potentially aberrant drug taking behaviors as outlined in the MTUS and as required for ongoing treatment. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.

### **Voltaren gel 1% 100g:** Upheld

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

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

**Decision rationale:** According to the MTUS, Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. Additionally, accordingly to the ODG, Voltaren gel is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for injured workers who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to the documents available for review, there is no indication that the injured worker has had a failure of an oral NSAIDs, a contraindication to oral NSAIDS or cannot swallow solid oral dosage forms. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.