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| <b>Case Number:</b>   | CM14-0145990 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 07/06/2005 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 08/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year old female who was injured on 07/06/05 sustaining pain in the left elbow, wrist and residual pain in the right wrist and hand. The mechanism of injury is not documented in the clinical notes submitted for review. The injured worker has had multiple surgeries on her right hand and wrist. Current diagnoses include left lateral epicondylitis, wrist tendinitis/bursitis and status post carpal tunnel release surgeries on the right hand. Clinical note dated 06/10/14 indicated the injured worker complains of hand pain and stated no change in her overall condition. Pain is described as dull, aching involving the right wrist associated with bending, pins and needles sensation, involving her digits. Physical examination revealed loss of range of motion of the left wrist with no significant allodynia, dysesthesia involving the left hand digits. Clinical note dated 07/08/14 indicated the injured worker presents with complaint of chronic pain in her left elbow and wrist, and pain in her right wrist and hand. The injured worker also reported numbness, tingling and pain. Physical examination revealed well healed incisions in the plantar aspect of the right hand, and anterior aspect of the wrist in the right side. There is decreased grip strength noted bilaterally, and difficulty abducting her right thumb. There is also discomfort and pain on flexion and extension of the left elbow against gravity. There is also lateral epicondylar tenderness noted. Medications include Ultram 50mg, Gabapentin 100mg, and Flector patches. Current work status not noted in provided documentation provided. The previous requests for Ultram 50mg #90, Gabapentin 100mg # 240, and Voltaren gel were denied in the pre-authorization process on 08/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80; 93-94.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultram 50mg cannot be established at this time.

**Gabapentin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**Decision rationale:** As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the diagnosis of neuropathic pain and the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin is not medically necessary.

**Voltaren gel:** 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 Page(s): 71, 111-112.

**Decision rationale:** As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren Gel (Diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the

increased risk profile with diclofenac, including topical formulations. Clinical note does not indicate the diagnosis of osteoarthritis. In addition, according to FDA MedWatch, post-marketing surveillance of Diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such, the request for Voltaren gel is not medically necessary at this time.