

Case Number:	CM13-0002404		
Date Assigned:	12/04/2013	Date of Injury:	05/15/2000
Decision Date:	02/12/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, bilateral wrist, and low back pain, reportedly associated with an industrial injury of May 15, 2000. Thus far, she has been treated with the following: Analgesic medications; adjuvant medications; topical agents; a prior total knee arthroplasty; and the apparently imposition of permanent work restrictions. The applicant is apparently not working with permanent limitations in place, although she is now apparently 70 years of age. In a utilization review report of July 5, 2013, the claims administrator denied a request for Ambien and Voltaren while approving a request for Norco. The applicant's attorney later appealed. A subsequent note of October 16, 2013 is notable for comments that the applicant reports multifocal pain ranging from 3 to 9/10 about the low back, bilateral wrists, and knees. The applicant states that activity level has increased. She is described as having failed Celebrex. She had a rash with Naprosyn. She states that Lunesta was ineffectual. She does have a diagnosis of right knee arthritis status post total knee arthroplasty, it is noted. She is obese with a BMI of 30. She does exhibit an antalgic gait. Norco and Lunesta are endorsed, along with permanent work restrictions. It is stated that Voltaren gel was working quickly to decrease local inflammation in her hands and knees. The applicant also states that she develops GI distress with oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem (Ambien)

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

Decision rationale: The MTUS does not address the topic. As noted in the ODG chronic pain chapter zolpidem topic, zolpidem or Ambien is indicated only in the short-term management of insomnia, typically on the order of three to six weeks. It is noted recommended on the chronic, long-term, or scheduled basis for which it is being proposed here. Therefore, the request remains not certified, on independent medical review.

Voltaren gel with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1%, (diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1%, (diclofenac).

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren or diclofenac is indicated in the treatment of small joint arthritis, which lends itself toward topical treatment. In this case, the applicant's knee arthritis is an appropriate focus for the application of Voltaren gel. It is further noted that the applicant has apparently used Voltaren gel with good effect in the past and that she has apparently developed gastrointestinal distress with oral NSAID usage. For all of these reasons, then, the original utilization review decision is overturned. The request for Voltaren gel with one refill is certified as written.