

Case Number:	CM13-0008049		
Date Assigned:	12/04/2013	Date of Injury:	06/13/2009
Decision Date:	02/27/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Texas. 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 patient is a 32-year-old female who reported an injury on 06/13/2009, after reportedly sustaining an injury to her knee after a trip and fall. Prior treatments have included physical therapy, a TENS unit, hot and cold pack applications, and medications. The patient's medication schedule included Norco 10/325 mg, Docuprene 100 mg, naproxen sodium 550 mg, and Voltaren gel 1%. The patient's most recent clinical examination revealed tenderness along the right ankle and left knee, and sacroiliac joint area. The patient's diagnoses included left knee pain with anterior cruciate ligament tear, chronic right ankle sprain/strain. The patient's treatment plan included aquatic therapy, psychiatric support, and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Docuprene 100mg #60 between 07/11/2013 and 09/15/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 76.

Decision rationale: The requested prescription of Docuprene 100 mg #60 between 07/11/2013 and 09/15/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on opioid therapy for an extended duration. California Medical Treatment Utilization Schedule does recommend prophylactic treatment for constipation when initiating opioid therapy. However, the efficacy of this medication is not established, as the patient's side effects due to medications are not evaluated. Therefore, the functional benefit of continued use cannot be determined. As such, the prospective request for 1 prescription of Docuprene 100 mg #60 between 07/11/2013 and 09/15/2013 is not medically necessary or appropriate.

Prospective request for 1 prescription of Naproxen 550mg #60 between 07/11/2013 and 09/15/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 60, 67.

Decision rationale: The prospective request for 1 prescription of naproxen 550 mg #60 between 07/11/2013 and 09/15/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient's pain increases from a 5/10 to an 8/10 with walking. California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief and documentation of functional benefit. It is noted within the documentation that the patient is able to walk as a result of medication usage. However, there is no documentation of an assessment of the patient's pain relief. Therefore, continued use would not be supported. As such, the prospective request for 1 prescription of naproxen 550 mg #60 between 07/11/2013 and 09/15/2013 is not medically necessary or appropriate.

Prospective request for 2 prescriptions of Norco 10/325mg #120 between 07/11/2013 and 09/15/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The prospective request for 2 prescriptions of Norco 10/325 mg #120 between 07/11/2013 and 09/15/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. However, California Medical Treatment Utilization Schedule states that continued use of opioids in the management of patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit,

managed side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of a quantitative assessment of pain relief as a result of medication usage. Additionally, there is no documentation that the patient is monitored for aberrant behavior. Therefore, continued use of Norco 10/325 mg would not be indicated. As such, the prospective request for 2 prescriptions of Norco 10/325 mg #120 between 07/11/2013 and 09/15/2013 is not medically necessary or appropriate.

Prospective request for 2 prescriptions of Voltaren 1% 100g between 07/11/2013 and 09/15/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The prospective request for 2 prescriptions of Voltaren 1% 100 g between 07/11/2013 and 09/15/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of topical nonsteroidal anti-inflammatory drugs for relief of osteoarthritic pain when the patient cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs. The clinical documentation submitted for review does not provide any evidence that the patient cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs. Additionally, there is no documentation that the patient's pain is related to osteoarthritis. As such, the continued use of Voltaren gel 1% would not be indicated. As such, the prospective request for 2 prescriptions of Voltaren 1% 100 g between 07/11/2013 and 09/15/2013 is not medically necessary or appropriate.