

Case Number:	CM13-0042081		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2003
Decision Date:	04/30/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 71 year old who was injured on 9/30/2003. The diagnoses listed are bilateral shoulder pain, low back pain, bilateral knees and hips pain and carpal tunnel syndrome. The completed treatment listed are right knee replacement, left knee replacement, right hip replacement and physical therapy. The current medications listed are Norco 10/325mg and Voltaren gel for pain. A UDS done on 11/20/2013 was consistent with prescribed hydrocodone but also positive for temazepam that was not listed in the records. The 12/24/2013 note by [REDACTED] indicated that the patient is retired. He ambulates with a walker for about 50 to 100 feet. A Utilization Review decision was rendered on 10/8/2013 recommending modified certification of Norco 10/325mg # 100 to #70 for weaning and non certification of Voltaren gel 1.9mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QUANTITY 100.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS addressed the use of opioid treatment in the treatment of chronic pain syndrome. Opioids are indicated in short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that did not respond to standard NSAIDs, physical therapy and exercise. Documentation during opioid therapy should include compliance monitoring measures such as Pain Contract, UDS monitoring, absence of aberrant behavior and improvement in ADL/ function. There is no documentation of functional restoration or subjective symptom improvement. The UDS on 11/20/2013 was positive for temazepam which was not on the prescribed drug list. This is an indication of aberrant drug behavior.

VOLTAREN GEL 1.9 MG QUANTITY 100.00 TIMES 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during acute injury and exacerbations of musculoskeletal pain. There is no indication that topical NSAID is superior to or have significantly less gastrointestinal complications than oral NSAIDs. Topical NSAIDs can result in similar blood concentration as oral NSAIDs. Voltaren gel has FDA indication for the treatment of pain in the knees and smaller joints not the hip and shoulder joints or low back.