

Case Number:	CM13-0044065		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2004
Decision Date:	07/30/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/26/2013

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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury on 4/25/04 while employed by [REDACTED]. Request(s) under consideration include one pair of custom orthotics, Voltaren gel 1%, one prescription, and Norco 10/325 mg, one prescription. Diagnoses list Knee Contusion. Report of 10/8/13 from the provider noted the patient with chronic ongoing pain complaints in the bilateral knees, ankles, and low back. The patient continues to take Norco and Baclofen with pain rated at 3-7/10. Exam showed bilateral hyperpronation of calcaneus; tenderness to palpation over lateral ligament complex; decreased medial arch; and decreased range of motion with pain. Diagnoses include bilateral knee contusions s/p right knee surgeries on 6/2/04, 11/2/04, and 2/27/13 with right knee arthroscopy, lateral meniscectomy and partial ACL debridement. Request(s) for one pair of custom orthotics and Voltaren gel 1% one prescription were non-certified and the Norco 10/325 mg, one prescription was partially-certified for quantity of #60 on 10/17/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Pair of custom orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 372, 376. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Ankle & Foot, Orthosis, page 7: Recommended as an option for foot drop.

Decision rationale: Per ODG, orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with diagnoses of plantar fasciitis and metatarsalgia not evident here. Additionally, shoe modification may be an option in the conservative care for ankle fusion, non- or malunion of fracture, or traumatic arthritis with objective findings on imaging and clinical exam; however, has not been identified here. Submitted reports have not clearly demonstrated any of the above pertinent diagnoses nor shown remarkable clinical findings to support the orthotic request. The one pair of custom orthotics is not medically necessary and appropriate.

Voltaren gel 1%, one prescription: 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): 111-113.

Decision rationale: There is little evidence to utilize topical analgesic over oral NSAIDs(non-steroidal anti-inflammatory drugs) or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted continued low back and knee pain with associated tenderness of the knees without neurological deficits. There are no x-rays of the knees with any findings of osteoarthritis. Diagnoses included bilateral knee contusion and did not list diagnoses of joint osteoarthritis. Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. There is no documented pain relief or functional improvement from treatment already rendered from this topical NSAID nor is there a contraindication to an oral NSAID use for this patient with non-joint osteoarthritis. The Voltaren gel 1%, one prescription is not medically necessary and appropriate.

Norco 10/325 mg, one prescription: 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): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of

an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325 mg, one prescription is not medically necessary and appropriate.