

Case Number:	CM13-0047784		
Date Assigned:	12/27/2013	Date of Injury:	06/12/2007
Decision Date:	04/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 Management 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:

According to the records made available for review, this patient reported a 6/12/07 date of injury. At the time (9/26/13) of request for authorization for inpatient 7 day opioid detox program and Voltaren gel 600GM, there is documentation of subjective (low back pain with rare radicular symptoms into the lower extremity and weaning of Exalgo) and objective (tenderness in paralumbar muscles and increase in pain with extension posteriorly) findings, current diagnoses (status post lumbar fusion, adjacent level facet arthropathy, bilateral knee pain, opioid dependence with possible opioid-induced hyperalgesia, and status post right shoulder surgery), and treatment to date (medial branch nerve injections, lumbar epidural injection, and medications (including ongoing treatment with Norco and Voltaren gel since at least 5/3/11)). Medical report identifies that the patient reported significant benefit from Norco, but has difficulty with controlling the medication; that "the patient should completely be detoxed off of all opioid medications to truly assess the baseline pain and to try to treat any component of pain, which was the result of opioid induced hyperalgesia". Regarding inpatient 7 day opioid detox program, there is no documentation of a condition/diagnosis for which detoxification is indicated (intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement). Regarding Voltaren gel 600GM, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee); failure of an oral NSAID or contraindications to oral NSAIDs; documentation of short-term use (4-12 weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren gel use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT 7 DAY OPIOID DETOX PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 76.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a condition/diagnosis for which detoxification is indicated (such as: intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement), as criteria necessary to support the medical necessity of detoxification. In addition, MTUS identifies that detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. Within the medical information available for review, there is documentation of diagnoses of opioid dependence with possible opioid-induced hyperalgesia. In addition, there is documentation of ongoing treatment with opioids (including Norco). However, despite documentation of a rationale that the patient reported significant benefit from Norco, but has difficulty with controlling the medication, and that "the patient should completely be detoxed off of all opioid medications to truly assess the baseline pain and to try to treat any component of pain, which was the result of opioid induced hyperalgesia", there is no documentation of a condition/diagnosis for which detoxification is indicated (intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement). Therefore, based on guidelines and a review of the evidence, the request for inpatient 7 day opioid detox program is not medically necessary.

VOLTAREN GEL 600GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac Sodium and Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren gel. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure

of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren gel. Within the medical information available for review, there is documentation of a diagnosis of bilateral knee pain. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs.

Furthermore, given documentation of ongoing treatment with Voltaren gel since at least 5/3/11, there is no documentation of short-term use (4-12 weeks). Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren gel use to date.

Therefore, based on guidelines and a review of the evidence, the request for Voltaren gel 600GM is not medically necessary.