

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0048379 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 10/10/2006 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/05/2013 |

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, psychological stress, posttraumatic stress disorder, neck pain, and plantar fasciitis reportedly associated with an industrial injury of October 10, 2006. Thus far, the applicant has been treated with analgesic medications, topical compounds, transfer of care to and from various providers in various specialties and extensive periods of time off of work. In a utilization review report of October 30, 2013, the claims administrator denied a request for Norco and also denied a request for several topical compounds. A Synvisc injection was also denied. On July 2, 2013, the applicant presented to her evaluating psychiatrist and was described as having ongoing issues with pain and depression with resultant Global Assessment of Functioning (GAF) of 55. A handwritten progress note of October 22, 2013 is sparse, difficult to follow, not entirely legible, notable for ongoing complaints of 6-8/10 neck, wrist, and knee pain. The applicant is asked to pursue an epidural steroid injection, a third Synvisc injection, Norco, Percocet, and remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 2-3 TIMES A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: Norco is an opioid. As noted on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, however, there is no evidence that any of the aforementioned criteria have been met. The applicant is seemingly off of work. There is no evidence of improved functioning and/or reduced pain effected as a result of ongoing Norco usage. Therefore, the request is not certified.

FLURBIPROFEN 25%: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there has been no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents such as Flurbiprofen, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is likewise not certified.

TRAMADOL 15% (DEXTROMETHORPHAN/CAPSAICIN/LIDOCAINE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 84,93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin and Topical Analgesics Page(s): 28,111.

Decision rationale: As noted on page 28 of the California MTUS Chronic Pain Medical Treatment Guidelines, Capsaicin, one of the ingredients in the compound, is considered a last-line agent, to be employed only in those applicants in whom there is evidence of intolerance to and/or failure of other medications. In this case, however, there is no such evidence of failure of other agents. Since one or more ingredients in the compound carry unfavorable recommendations, the entire compound is considered non-certified, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines.

SYNVISC INJECTIONS FOR THE RIGHT KNEE #3: 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) Knee, Hyaluronic Acid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The California MTUS does not address the topic of viscosupplementation injections. While the Third Edition ACOEM Guidelines do support intra-articular knee viscosupplementation injections in applicants with moderate-to-severe knee osteoarthritis, in this case, however, the most recent progress note provided does not clearly establish the presence of moderate-to-severe knee osteoarthritis. The progress note in question was sparse, handwritten, not entirely legible, and difficult to follow. It is further noted that the applicant appears to have had two prior injections. There has been no demonstration of functional improvement in terms of the parameters established in MTUS 9792.20f despite completion of earlier viscosupplementation injection. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various medications and other treatments. All of the above, taken together, imply that the earlier viscosupplementation injections were unsuccessful in terms of the parameters established in section 9792.20f. Therefore, the request is not certified, for all of the stated reasons.