

Case Number:	CM13-0048939		
Date Assigned:	12/27/2013	Date of Injury:	01/03/2002
Decision Date:	02/28/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 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 68-year-old male who reported an injury on 01/03/2002. The patient is currently diagnosed with low back pain, arthritis, lumbar degenerative disc disease, myofascial pain, back pain, sciatica, hip osteoarthritis, knee osteoarthritis, and history of multiple joint replacements. The patient was recently evaluated on 09/15/2013. The patient reported ongoing lower back pain as well as right knee and bilateral hip pain. Physical examination revealed lumbar bilateral tenderness, painful range of motion, diminished range of motion of bilateral hips, and bilateral knee swelling with tenderness. Treatment recommendations included continuation of Norco, tramadol, Gabapentin, Flexeril, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100 grams: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They

are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip, or shoulder. As per the documentation submitted, the patient has continuously utilized this medication. There is no evidence of neuropathic pain upon physical examination. It is also noted that the patient is to utilize Voltaren gel on bilateral hips up to 4 times a day. Guidelines do not recommend treatment for the spine, hip, or shoulder. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

10 tablets of neurontin 600 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. There is no evidence of neuropathic pain upon physical examination. The patient demonstrated normal sensory and motor function with normal deep tendon reflexes. The patient has also continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Based on the clinical information received, the request is non-certified.

Decision for 90 tablets of Norco 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent lower back, hip, and knee pain. The patient's physical examination continues to reveal tenderness to palpation with bilateral swelling, decreased range of motion, and painful range of motion. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

90 tablets of Tramadol ER 300 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent lower back, hip, and knee pain. The patient's physical examination continues to reveal tenderness to palpation with bilateral swelling, decreased range of motion, and painful range of motion. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.