

Case Number:	CM13-0054177		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2008
Decision Date:	03/24/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/19/2013

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 Illinois. 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 41-year-old male who reported an injury on 07/05/2008 after he sprained his ankle while repairing a tractor. Prior treatments have included surgical intervention, medications, physical therapy, steroid injections, orthotics and braces. The patient's most recent clinical examination findings included tenderness to palpation over the plantar aspect of the bilateral feet and painful passive range of motion of the left ankle. It is documented that the patient reports a 50% functional improvement or better with the use of medications versus not using them at all. It is noted that the patient is under a pain contract and that urine drug screens have previously been consistent. It is noted that the patient has 10/10 pain in the bilateral feet that is reduced to 8/10 pain on the left and 7/10 pain on the right with medications. The patient's treatment plan included continuation of medications, x-rays of the ankles, and bilateral EMG and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100G Tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Medications for Chronic Pain Page(s): 111, 60.

Decision rationale: The requested Voltaren gel 100 g tube is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of topical nonsteroidal anti-inflammatory drugs for patients who are intolerant of oral formulations or when oral formulations are contraindicated for the patient. The clinical documentation submitted for review does not provide any evidence that the patient cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs, additionally, the clinical documentation submitted for review does not provide evidence of significant pain relief due to the patient's prescribed medication schedule as the pain is only reduced from a 10/10, down to 7/10 to 8/10. Therefore, continued use would not be supported. As such, the requested Voltaren gel 100 g tube is not medically necessary or appropriate.

. Ultracet Tabs #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The requested Ultracet tablets #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, significant pain relief, managed side effects, and compliance to a prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient has a 50% improvement in functionality, and has consistent urine drug screens. However, the documentation indicates that the patient only has pain relief from a 10/10 down to a 7/10 to 8/10 with medications. Therefore, there is no indication that significant benefit is provided by the patient's prescribed medications. As such, the requested Ultracet tabs, #120 are not medically necessary or appropriate.