

Case Number:	CM13-0059931		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2000
Decision Date:	04/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 only information provided for review is a Utilization Review Determination (URD). It is noted in the URD, in the clinical history, that a progress note dated 08/05/2013 indicates that the patient complained of occasional bilateral wrist/hand pain increasing to moderate with overuse, tenderness, numbness and tingling in both hands, and weakness noted. On exam, there was weakness, tenderness, and decreased sensation along both hands. Medication being used by the patient at this time was the Voltaren gel, which helps for a few hours, but does not last the 12 hours as indicated. Also, the patient takes Vicodin for pain. The patient noted she is surviving with it. Also noted in this office note, future medical care includes Voltaren gel every 12 hours when needed, Vicodin as needed for pain, and exercise. Also noted is a progress note dated 10/28/2013 that the patient had occasional slight left knee pain that might increase occasionally to more than slight, less than moderate with prolonged standing and walking; also with twisting. On exam, the physician noted there is tenderness medially, excellent range of motion, and also stated the knee is stable. The physician noted future medical care includes Tramadol 50 mg every 6 hours to be taken when needed for pain every 6 hours; and Vicodin 5/500 to take 1 or 2 per day, and follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg: Upheld

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

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

Decision rationale: The documentation provided does not give exact diagnoses for the patient, but does note the patient has slight left knee pain that increases occasionally to more than slight/less than moderate with prolonged standing and walking, and with twisting. On physical examination, the physician noted medial tenderness. California Guidelines note for opioid management, there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; also, functional ability, as well as a urine drug test; and improvement of activities of daily living. The documentation provided does not show this required information needed. Therefore, the request for Vicodin 5/500 mg is non-certified.

Tramadol 50mg: Upheld

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

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

Decision rationale: History for this patient on 10/28/2013 indicated slight left knee pain that may increase occasionally to more than slight but less than moderate with prolonged standing, walking, and with twisting. On exam, the physician noted there was tenderness medially, excellent range of motion, and the knee is stable. The physician noted Tramadol 50 mg every 6 hours as needed for pain, again ongoing management for opioid. Documentation lacked ongoing pain assessment, pain scores, side effects, appropriate use, measurable efficacy such as increase in functional ability, increase in activities of daily living, current urine drug tests, or any attempts at weaning or tapering the patient. It also has lack of documentation to support the need for this medication. Therefore, the request is non-certified.

Voltaren gel 1%: 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): 111-112.

Decision rationale: California Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient noted on 08/05/2013, had occasional bilateral wrist/hand pain increasing to moderate with

overuse, tenderness, numbness and tingling in both hands, and weakness. The patient was using Voltaren gel, which the patient stated only helped with the pain for a few hours and did not last the recommended 12 hours. There is no documentation that showed any kind of failed trials of anticonvulsants and antidepressants, no other documentation to determine the necessity of topical medication. Medical necessity was not established. Therefore, the recommendation is non-certified.