

Case Number:	CM14-0003102		
Date Assigned:	01/31/2014	Date of Injury:	10/01/2004
Decision Date:	06/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/08/2014

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/Pain Management and is licensed to practice in Florida. 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 injured worker reported an injury on 10/01/04. The mechanism of injury was not provided. The clinical note dated 11/13/2013 reported the injured worker complained of increased right knee pain with swelling upon prolonged walking and standing. The physical examination revealed joint line tenderness medially, mild swelling and range of motion to include flexion to 100 degrees and extension to 0 degrees. A grind maneuver was positive and the patellar tendon was tender. There was no instability and a McMurray's sign was negative. The x-rays, on this date of service, reportedly showed joint space narrowing medially with no fracture of subluxation. The diagnoses included right knee pain with limping, status post right shoulder pain following arthroscopy, lateral epicondylitis, lumbar stenosis and sleep disorder. The treatment plan included recommendations of medication, to include Motrin, Voltaren Gel, and Norco. The request for authorization was submitted on 11/13/2013. The provider recommended the requested medications to provide relief for the injured worker's moderate to severe pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF VOLTAREN GEL 100 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI Symptoms And Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesic Page(s): 111-112.

Decision rationale: The injured worker has a history of chronic pain to his lumbar spine, right knee and right elbow treated with steroid injections and oral and topical medications. The 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. In addition, the guidelines recommend topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks); there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Within the clinical information, provided for review, there is a lack of documentation providing evidence the injured worker has been diagnosed with osteoarthritis or neuropathic pain or has been treated with and failed a first line therapy of antidepressants or anticonvulsants. In addition, the request was not specific regarding the site at which this medication is to be applied. Therefore, the request for 1 Prescription of Voltaren Gel 100gm is not medically necessary and appropriate.

1 PRESCRIPTION OF NORCO 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, ONGOING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guideline, Opioids, On-Going Manager Page(s): 78.

Decision rationale: The injured worker has a history of chronic pain to his lumbar spine, right knee and right elbow treated with steroid injections and oral and topical medications. The California MTUS Guidelines state on-going review of injured workers utilizing opioids for pain recommend documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state pain assessments should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also state documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors should be included. Within the clinical information, provided for review, there is a lack of documentation indicating the injured worker had significant quantifiable objective functional improvement with the medication as well as the requesting physician did not include an adequate and complete assessment of the injured workers pain. In addition, there is a lack of documentation addressing whether the injured worker displayed aberrant drug behavior or side effects of this medication. Therefore, the request for 1 Prescription of Norco 10/325mg #90 is not medically necessary and appropriate.

