

Case Number:	CM14-0008387		
Date Assigned:	02/19/2014	Date of Injury:	09/11/2000
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 is a 57-year-old female who reported an injury on 09/11/2000. The mechanism of injury was not provided within the medical records. Clinical note dated 12/31/2013, presented the injured worker with complaints of chronic pain associated with bilateral carpal tunnel syndrome and De Quervain's syndrome. The physical exam revealed tenderness in the bilateral hands, swelling of the joints in the bilateral hands, limited range of motions of the fingers and closing in her bilateral hands, and a normal gait with use of a cane. The injured worker's diagnoses were chronic pain syndrome, De Quervain's syndrome, carpal tunnel syndrome, radial styloid tenosynovitis, and tendinitis. The injured worker's current treatments include hydrocodone, Lyrica, Flexeril, Voltaren gel. The provider is recommending continued use of Voltaren gel 60 gm and Norco 10/325 mg with a quantity of 60. The Request for Authorization Form was not included in the medical documents for review. The provider's rationale for the request was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 60 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs Page(s): 112-113.

Decision rationale: The request for Voltaren gel 60 gm is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule (MTUS) recommend Voltaren gel for the relief of osteoarthritis pain in joints that lend themselves to topical treatment such as ankle, elbow, foot, hand, knee, and wrist. The injured worker not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 gm per day and 16 gm per joint per day in the lower extremity. It was not documented that the injured worker has symptoms or diagnosis that indicate osteoarthritis pain in the joints. It is also unclear if the Voltaren gel is a new or continuing medication. There was a lack of evidence in the medical documentation of the efficacy of the medication to include increase function, decrease pain, and decrease in oral medications. The frequency of the medication and area of the body to which it is to be applied was not noted in the request. As such, the request is not medically necessary and appropriate.

NORCO 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 60 is non-certified. California MTUS Guidelines recommend the use of opioid for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effect should be imminent. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, and side effects. It is unclear if the request for Norco 10/325 is a new or on-going use of the medication. The provider's rationale was not provided in the request. The frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary and appropriate.