

Case Number:	CM14-0008828		
Date Assigned:	02/12/2014	Date of Injury:	08/04/2000
Decision Date:	12/22/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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:

This is a patient with a date of injury of 8/4/00. A utilization review determination dated 12/23/13 recommends non-certification of Voltaren gel and Lunesta. 10/30/13 medical report identifies adequate analgesia with no medication side effects. She is independent with her ADLs. There is pain, swelling, constipation, diarrhea, nausea, and vomiting. On exam, there is tenderness and limited ROM. Medications were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% TOPICAL GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding the request for Voltaren gel, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended 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. Neuropathic pain: Not recommended as there is no evidence to support

use." Within the documentation available for review, none of the above mentioned criteria have been documented. In light of the above issues, the requested Voltaren gel is not medically necessary.

LUNESTA 2MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MED LETT DRUGS THER. 2005 FEB 28;47 (1203): 17-9

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Insomnia treatment and Eszopicolone (Lunesta)

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of this medication. ODG recommends the short-term use of the medication, but long-term use is not supported. Pharmacological agents are supported only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted for the condition, and no statement indicating how the patient has responded to prior treatment with the medication. Finally, there is no indication that Lunesta is being used for short-term treatment as recommended by ODG. In the absence of such documentation, the currently requested Lunesta is not medically necessary.