

Case Number:	CM14-0109485		
Date Assigned:	08/01/2014	Date of Injury:	11/16/2000
Decision Date:	10/14/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/14/2014

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 Emergency 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 injured worker is a 68 year old female who reported an injury on 11/16/2000 with an unknown mechanism of injury. The injured worker was diagnosed with opioid dependence, cervical post laminectomy syndrome, chronic pain syndrome, and psychological disorder. The injured worker was treated with medications, home exercise program, and surgery. The medical records did not indicate diagnostic studies. The injured worker had bilateral carpal tunnel release, knee surgery, and 2 spinal fusions; dates not provided. On the clinical note dated 07/30/2014, the injured worker complained of neck pain rated current 5/10, best 5/10, and worst 8/10. The injured worker had antalgic gait favoring right and slight forward flexed body posture. It was noted that the injured worker had no aberrant drug related behaviors. The injured worker was prescribed voltaren 1% gel, suboxone 2mg-0.5mg film, and oxycontin ER 20mg 3 every 12 hours. The treatment plan was for Voltaren 1% topical gel and oxycontin 20mg. The rationale for the request was not provided. The request for authorization was submitted for review on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Brand name opioid narcotic..

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

Decision rationale: The request for Oxycontin 20mg #180 is not medically necessary. The injured worker is diagnosed with opioid dependence, cervical post laminectomy syndrome, chronic pain syndrome, and psychological disorder. The injured worker complains of neck pain rated current 5/10, best 5/10, and worst 8/10. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker's medical records lack the documentation of the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. It is noted that the injured worker does not have any aberrant drug related behaviors; however, the documentation did not include a recent urine drug screen or documentation of side effects. The injured worker has been prescribed Oxycontin 20mg since at least 05/30/2013. There is a lack of documentation indicating the injured worker has objective functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Oxycontin 20mg #180 is not medically necessary.

Voltaren 1% - topical gel x 3refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren 1% topical gel is a topical formulation of diclofenac, an.

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

Decision rationale: The request for Voltaren 1% - topical gel x 3refills is not medically necessary. The injured worker is diagnosed with opioid dependence, cervical post laminectomy syndrome, chronic pain syndrome, and psychological disorder. The injured worker complains of neck pain rated current 5/10, best 5/10, and worst 8/10. The California MTUS guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment like the ankle, elbow, foot, hand, knee, and wrist. NSAIDs have not been evaluated for treatment of the spine, hip or shoulder. The injured worker has been prescribed voltaren gel since at least 05/30/2013 which exceeds the recommended 12 week course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation demonstrating decreased pain with the medication. Additionally, the request does not indicate the frequency, dosage, application site, or quantity of the medication. As such, the request for Voltaren 1% - topical gel x 3refills is not medically necessary.