

Case Number:	CM14-0016648		
Date Assigned:	06/11/2014	Date of Injury:	12/10/1999
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 & Rehabilitation 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:

The injured worker is a 44-year-old male who reported an injury 12/10/1999, the mechanism of injury was not provided within the medical records. The clinical note dated 05/21/2014 indicated degenerative joint disease of the left knee with ongoing discomfort, depression related to pain, and lumbar back pain and spasm related to the industrial injury due to the way the patient was ambulating. The injured worker reported chronic left knee and low back pain. He reported the fentanyl patch had worked great on his pain. He reported increased low back pain with limping from compensating activities from his knee pain. On physical exam of the lumbar spine, there was tenderness across the lumbosacral area with muscle spasms upon palpation. There was marked crepitus with flexion and extension of both knees. There was tenderness along the joint lines of both knees. However, the injured worker's motor strength was 5/5 in all major muscle groups. Sensory examination was normal. Deep tendon reflexes were 1+ bilaterally. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included fentanyl patch. The provider submitted request for Voltaren gel, unknown prescription for Lexapro, and fentanyl patch. A request for authorization dated 04/23/2014 was submitted for Lexapro, Voltaren gel, and fentanyl patch; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 2GM TUBES #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, (Fentanyl Transdermal System) Page(s): 44.

Decision rationale: The request for 1 Prescription for Fentanyl Patch 25mcg #15 WITH 1 REFILL is not medically necessary. The California MTUS guidelines do not recommend the Fentanyl patch as a first-line therapy. The guidelines state the Fentanyl patch is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Due to the significant side effects, it is not for use in routine musculoskeletal pain. There is lack of quantified pain relief and functional improvement with the medication. In addition, there was a lack of significant evidence of the injured worker's pain level, evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency. Therefore, per the California MTUS guidelines, the request for Fentanyl patch 25 mcg #15 is not medically necessary.

LEXAPRO: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The request for Lexapro is nor medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend Lexapro as a first line option for neuropathic pain, and in depressed patients. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for neuropathic pain; however, the clinical note did indicate the injured worker had depression related to pain. The injured worker would benefit from Lexapro; however, the provider did not indicate a dosage, frequency, or quantity for the Lexapro. In addition, there was lack of documentation of quantified pain relief or functional improvement from the Lexapro. Therefore, the request for Lexapro is not medically necessary at this time.

FENTANYL PATCH 25MCG #15 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 1 PRESCRIPTION FOR VOLTAREN GEL 2GM TUBES #3 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines states Voltaren Gel 1% indicated for relief of osteoarthritis pain in joints that lend themselves to topical

treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The injured worker is diagnosed with degenerative joint disease and was previously prescribed Voltaren; however, there was lack of documentation of efficacy and functional improvement of the medication. In addition, the provider did not provide a frequency for the medication. Therefore the request for Voltaren gel 2 grams is not medically necessary.