

Case Number:	CM14-0180773		
Date Assigned:	11/05/2014	Date of Injury:	10/01/2011
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 Occupational 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:

Patient is a 46-year-old female who has submitted a claim for chronic pain syndrome, plantar fasciitis, fibromyalgia, and myofascial pain syndrome associated with an industrial injury date of 10/1/2011. Medical records from 2014 were reviewed. Patient complained of right foot pain at the heel and plantar aspects rated 5-8/10 in severity. Patient reported 70% pain relief from use of Voltaren gel. On the other hand, intake of Ultram provided 60% of pain relief. No side effects were reported. Physical examination showed tenderness over the plantar fascia of right lower extremity. Gait was antalgic favoring the right. Treatment to date has included right foot surgery, physical therapy, and medications such as Voltaren gel (since April 2014), Ultram (since January 2014), and naproxen (since April 2014). Utilization review from 10/1/2014 denied the request for naproxen 500 mg, #60, two refills because only the lowest possible dose should be prescribed for the shortest possible time in acute pain; modified the request for Ultram 50mg, #30 refills: 2 into #30 with zero refill because indications were appropriate for prescription of this medication except that refills would not be certified at this time; and denied Voltaren 1% topical gel, #2 100 gm tube because it is considered experimental without evidence of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on naproxen since April 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naproxen 500 mg #60 with 2 refills is not medically necessary.

Ultram 50 mg #30 with 2 refills: Overturned

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 Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Ultram since at least January 2014. Patient reports 60% pain relief without any side effects. Guideline criteria for continuing opioid management have been met. Therefore, the request for Ultram 50 mg #30 with 2 refills is medically necessary.

Voltaren 1% gel #2 100 gm: 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 Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-112 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Topical diclofenac is particularly indicated for osteoarthritis and tendinitis of the knee, elbow or other joints for short-term use (4-12 weeks). In this case, patient is prescribed Voltaren gel since April 2014. Patient reports 70% pain relief from use of Voltaren gel. However, the guideline clearly states that topical diclofenac is indicated for short-term use. Patient has exceeded guideline recommendation for duration of use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Voltaren 1% gel #2 100 gm is not medically necessary.

