MAXIMUS Federal Services

Case Number:	CM14-0181003		
Date Assigned:	11/05/2014	Date of Injury:	06/29/2009
Decision Date:	12/18/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/31/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic ankle, hip, lower leg, and knee pain reportedly associated with an industrial injury of June 29, 2009. In a Utilization Review Report dated September 29, 2014, the claims administrator failed to approve a request for Voltaren gel, Motrin, and Norco while approving a request for Lyrica. The claims administrator stated that its decision was based on a Request for Authorization (RFA) Form dated August 27, 2014 and associated progress note of August 21, 2014. In a progress note dated October 10, 2014, the applicant presented with 6-7/10 low back pain radiating to the bilateral lower extremities. The applicant was status post multiple epidural steroid injections, it was noted, and had also received a trigger finger release surgery. The applicant was also status post cervical spine surgery, it was further noted. The applicant was given a refill of tramadol. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. The applicant's complete medication list was not attached. Lumbar facet injections were sought. The applicant did receive lumbar facet injections at L3-L4, L4-L5, and L5-S1 on August 5, 2104. In a July 23, 2014 progress note, the applicant was again given a refill of tramadol for ongoing complaints of 7/10 low back pain. The applicant did not appear to be working with permanent limitations in place. On June 30, 2014, the applicant reported ongoing complaints of neck and low back pain. Multi-level lumbar facet injections were endorsed. It was stated that the applicant was using tramadol at this point in time. There was no mention of the applicant's using Norco on this date. On July 8, 2014, the applicant was asked to continue tramadol for ongoing complaints of low back pain. The attending provider stated that the applicant was only able to increase his activities "slightly" with medications. There was no mention of the applicant's using Voltaren, Motrin, or Norco on this office visit, either. In a Doctor's First Report dated June 27, 2014, the applicant was given prescriptions for

Lyrica, Motrin, and Lunesta. The applicant was placed off of work, on total temporary disability. It was stated that the applicant might ultimately need left total knee arthroplasty owing to issues with arthritis about the same following two prior knee surgeries.In an August 21, 2014 office visit, the applicant reported ongoing complaints of knee, ankle, and leg pain. The applicant was placed off of work, on total temporary disability, while Norco, Flexeril, and Motrin were endorsed. In a subsequent note dated September 18, 2014, the applicant was again placed off of work, on total temporary disability. The attending provider stated that the applicant's pain complaints were diminished with medications. The applicant was using Motrin, Norco, Lyrica, and Flexeril. The applicant presented to obtain a medication refill. Multiple medications were renewed, including oral Norco, Voltaren gel for the knee, Motrin, and Lyrica while the applicant was placed off of work, on total temporary disability. In an earlier note dated March 25, 2014, the applicant was given refills of Motrin, Lunesta, and Lyrica, and again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #100: Overturned

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

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

Decision rationale: The request for Voltaren appears to have been a first-time request for the same, reportedly initiated on a September 18, 2014 progress note. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of small joint arthritis which lends itself toward topical application. Here, the applicant did apparently have issues with knee and ankle arthritis status post earlier knee and ankle surgeries. Introduction of Voltaren gel was indicated on or around the date in question. Therefore, the request is medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen section. 2; Functional Restoration Approach to Chronic Pain Management Page(s): 73; 7.

Decision rationale: While page 73 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that ibuprofen is indicated in the treatment of osteoarthritis, as is apparently present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations.

Here, however, the applicant is off of work, on total temporary disability, despite usage of Motrin for what appears to be a minimum of several months. Ongoing usage of Motrin (ibuprofen) has failed to curtail the applicant's dependence on various other medications, including opioid agents such as Norco, adjuvant medications such as Lyrica, etc. The applicant is having difficulty performing activities of daily living as basic as walking, the attending provider has acknowledged on several occasions referenced above. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any meaningful or significant improvements in function achieved as a result of ongoing Norco usage. While the attending provider did report that the applicant's pain complaints were diminished on a few occasions, referenced above, this was not quantified and is, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.