

Case Number:	CM14-0023846		
Date Assigned:	06/11/2014	Date of Injury:	12/31/2008
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/25/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 51-year-old female who reported an injury on 12/31/2009. The mechanism of injury was not stated. Current diagnoses include a discogenic lumbar condition with facet inflammation and radiculopathy, a right ankle sprain, left knee internal derangement, weight gain of 100 pounds, significant depression and sleep issues, sexual dysfunction, GERD, fatigability, constipation, occasional headaches and right hip inflammation. The injured worker was evaluated on 03/21/2014. The injured worker reported persistent right lower extremity, left knee and low back pain. Previous conservative treatment includes bracing, hot/cold therapy and TENS therapy. Physical examination on that date revealed tenderness along the medial joint line on the left, tenderness along the patellofemoral joint on the right side, weakness, and tenderness along the lumbar spine. Treatment recommendations at that time included the continuation of current medications and an appeal request for a Hyalgan injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDO-PRO CREAM (2-4 OZ CONTAINERS) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first-line oral medications prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. Therefore, the request is non-certified.

VICODIN 5/500MG QTY:120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized Vicodin 5/500 mg since 06/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is non-certified.

NORFLEX 100MG QTY: 80.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 636.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as nonsedating second-line options for the short-term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. There is no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. As such, the request is non-certified.

VOLTAREN EXTENDED RELEASE 100MG QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. The injured worker does not maintain a diagnosis of osteoarthritis. There is no evidence of an acute exacerbation of chronic pain. As the guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. There was also no frequency listed in the current request. Therefore, the request is non-certified.

FIORICET QTY 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAS) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS Guidelines state that barbiturate-containing analgesic agents are not recommended. There is a risk of medication overuse as well as rebound headache. The injured worker does not report persistent migraine headaches. There is also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

HYALGAN INJECTION, RIGHT KNEE QTY: 5.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that invasive techniques are not routinely indicated. The Official Disability Guidelines state that hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. There should be documentation of symptomatic severe osteoarthritis upon physical examination. As per the documentation submitted, there is no evidence of a failure to respond to conservative treatment prior to the request for a hyaluronic acid injection. There is no documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. There was also no objective evidence of symptomatic severe osteoarthritis of the knee upon physical examination. Based on the clinical information received, the request is non-certified.