MAXIMUS Federal Services

Case Number:	CM14-0040047		
Date Assigned:	06/27/2014	Date of Injury:	01/03/2002
Decision Date:	08/06/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/04/2014

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 filed a claim for chronic low back pain, hip pain, and knee pain reportedly associated with an industrial injury of January 3, 2002.Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; transfer of care to and from various providers in various specialties; a hip corticosteroid injection; and total hip and total knee arthroplasty surgeries at earlier points during the course of the claim.In a utilization review report dated March 17, 2014, the claims administrator denied a request for Norco, extended release tramadol, Voltaren gel, and Neurontin. The applicant's attorney subsequently appealed.On October 21, 2013, the applicant presented with chronic low back, knee, and hip pain. The applicant presented to obtain a hip trochanteric bursa injection. The applicant was using Norco, Neurontin, tramadol, Flexeril, and Voltaren, it was stated on this occasion. The injections were apparently performed. The applicant's work status was not provided.On December 16, 2013, the applicant again presented with persistent complaints of low back, hip, and bilateral knee pain, with difficulty standing, sitting, squatting, and walking. Medications were reportedly alleviating the applicant's symptoms. The applicant stated that her previous medications reportedly helped. The applicant was given a refill of Norco and asked to pursue a repeat bursa injection. The applicant's work status, again, was not provided.On October 7, 2013, the attending provider stated that the applicant was stable on current medications but, again, did not incorporate further discussion of medication efficacy into the progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status and functional status have not been outlined on any progress note provided. It is unclear whether the applicant has, in fact, returned to work. The limited information on file suggested the applicant is still having difficulty performing activities of daily living, including standing, walking, squatting, sitting, etc., despite ongoing Norco usage. Therefore, the request is not medically necessary

Tramadol ER 300mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status and functional status have not been outlined. The attending provider has noted that the applicant is still having difficulty performing even basic activities of daily such as sitting, squatting, standing, walking, etc., despite ongoing tramadol usage. The applicant does not appear to have returned to work. Continuing tramadol, thus, does not appear to be indicated. Accordingly, the request is not medically necessary.

Voltaren Gel 100grams, #1 tube with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren gel section Page(s): 112,7.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Voltaren gel in the treatment of small joint arthritis, including the knee arthritis reportedly present here, this recommendation is 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. In this case, however, there has been no discussion of ongoing medication efficacy with Voltaren gel incorporated into any progress note provided. Despite ongoing usage of Voltaren gel, the applicant has seemingly failed to return to work and remains on highly reliant and highly dependent on opioid medication such as Norco and tramadol. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20 despite ongoing usage of the Voltaren gel. Accordingly, the request is not medically necessary

Neurontin 600mg, #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to document improvements in pain and function at each visit in applicants using gabapentin or Neurontin. In this case, however, no such documentation of improvements in pain and/or function was present on any progress note provided. The applicant's difficulty in performing even basis activities such as sitting, standing, walking, squatting, etc., suggests lack of improvement in function despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.