

Case Number:	CM14-0044499		
Date Assigned:	07/02/2014	Date of Injury:	08/04/2000
Decision Date:	08/08/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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 has filed a claim for chronic shoulder pain, knee pain, and low back pain reportedly associated with an industrial injury of August 4, 2000. Thus far, the applicant has been treated with the following: analgesic medications; topical agents; attorney representation; and injection therapy. In a utilization review report dated March 12, 2014, the claims administrator denied a request for Voltaren gel and Lunesta. The claims administrator did not incorporate cited guidelines into its rationale, it is incidentally noted and stated that Voltaren gel was indicated for the short-term treatment of inflammatory arthropathies, language which is not consistent with the MTUS Chronic Pain Medical Treatment Guidelines reportedly cited by the claims administrator. The applicant's attorney subsequently appealed. In a January 22, 2014 progress note, the applicant presented to obtain medication refills. The applicant was described as having gait disturbance, depression, back pain, and joint pain. The applicant has been diagnosed with lumbar radiculopathy, hip bursitis, shoulder pain, and lumbar spondylosis. Voltaren gel, Norco, and Lexapro were apparently prescribed. In an operative report of January 27, 2014, the applicant was described as having evidence of reactive synovitis, chondromalacia, and meniscal tear. On March 4, 2014, the applicant was described as using oral Norco for chronic low back pain. The applicant was using topical Voltaren for multiple pain flares including back, shoulders, and knees. It is stated that the applicant could not use oral non-steroidal anti-inflammatory drugs (NSAIDs) owing to her history of ulcers. The applicant was on Lexapro for depression, it was acknowledged. The attending provider stated that the applicant was able to work approximately a mile a day and was independently performing activities of daily living with ongoing medication usage. The applicant's body mass index (BMI) was 27, it was incidentally noted. The applicant, on this occasion, is given refills of Voltaren,

Norco, Lunesta, Lexapro, and Ambien. Lunesta was apparently being given on an as needed basis for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel, Qty: 3.00, refills: 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Topical Voltaren gel Page(s): 7, 112.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated in the treatment of small joint arthritis, which lends itself toward topical application, such as, for instance, the knees. In this case, the applicant is 64-years-old, status post multiple knee surgeries and has both clinical and operative evidence of knee arthritis. It is further noted that the applicant is using Voltaren for other body parts, including the shoulder and spine, which Voltaren has not been evaluated for, per MTUS guidelines. Nevertheless, the MTUS guidelines does stipulate that an attending provider should tailor medications and dosages to the individual applicant taking into consideration applicant-specific variable such as comorbidities. In this case, the applicant issues of peptic ulcer disease do support provision of Voltaren gel in lieu of oral non-steroidal anti-inflammatory drugs (NSAIDs). It is further noted that the attending provider has posited that ongoing usage of Voltaren gel has been beneficial in terms of ameliorating the applicant's ability to walk up to one mile daily and perform other activities of daily living. Therefore, the request for Voltaren gel is medically necessary, for all the stated reasons.

Lunesta 2mg, Qty: 30.00, refills: 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Benzodiazepine sedative-hypnotics, Escopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Lunesta Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Lunesta is indicated in the treatment of insomnia. Clinical trials on which the FDA based its recommendation suggested that Lunesta was effective for long-term use purpose, for up to six months. In this case, the applicant does apparently have ongoing issues with insomnia for which the attending provider has suggested as needed usage of Lunesta. Therefore, the request for Lunesta is medically necessary.

