

Case Number:	CM14-0047905		
Date Assigned:	07/02/2014	Date of Injury:	10/30/2007
Decision Date:	11/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/16/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old male who was injured on 10/30/2007. He was diagnosed with lumbago, degenerative joint disease of the knee, cervicgia, myofascial pain, and chronic intractable pain. He was treated with physical therapy, injections, and various medications including opioids, topical analgesics, anti-epileptics, muscle relaxants, and NSAIDs. On 3/13/14, the worker was seen by his treating physician complaining of his low back pain, neck pain, and left leg pain. He reported that due to his pain, he was less able to walk or do his chores. He reported taking medication (which included topical Voltaren, Norco, Kadian), which collectively allowed him to do yard work, and walk mile. He also reported taking Ambien which helped him have improved sleep. He was then recommended to continue his medications including his Ambien, Voltaren, Kadian, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was at least some indication that the collective use of his medications provided some functional benefit, however, there was no evidence found in the documentation provided for review, that the Kadian by itself contributed significantly to his overall functional improvements. Therefore, the Kadian is considered not medically necessary.

1 prescription of Ambien 10mg, #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, sedative hypnotics, and Pain section, Ambien and insomnia sections

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he had used Ambien much longer than what is generally recommended for this type of medication. Other sleep aids may be helpful. The request for Ambien, is not medically necessary.

1 prescription of Norco 10/325mg, #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: In the case of this worker, there was record of him using Norco chronically along with his other medications. Reportedly there was some collective benefit to the use of his medications. However, there was no significant documented evidence that his functional benefit was related to his Norco use. Without this evidence of direct benefit, per the guidelines, continuation of the Norco is not medically necessary.

1 prescription of Voltaren 1% 500gm, with 5 refills: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was no diagnosis of osteoarthritis listed in the documents, nor was there any indication that the worker was having acute soft tissue pain which might have warranted a short course of NSAIDs. There was also no report of which body pain area he was using the topical analgesic. Although there was reportedly some collective benefit functionally from his medication use as a whole, there was no specific evidence connecting his Voltaren gel use to this benefit. Therefore, continuation of Voltaren gel is not medically necessary.