

Case Number:	CM14-0057689		
Date Assigned:	07/11/2014	Date of Injury:	01/03/2002
Decision Date:	10/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 68 year old female who sustained an industrial injury on 01/03/2002. The mechanism of injury was not provided for review. Her diagnoses include low back pain, sciatica, bilateral knee and bilateral hip pain. She continues to complain of 5/10 low back pain. On exam she has decreased range of motion of the lumbar spine. Straight leg raise in negative bilaterally; motor and sensory exams are normal. Examination of the hips demonstrates trochanteric bursa tenderness. Treatment has included medical therapy with narcotic analgesics, topical anti-inflammatory medication, muscle relaxants, surgical procedures, and injection therapy. The treating provider has requested Voltaren Gel 1% 100grams with 1 refill, and Norco 10/325mg # 90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of Voltaren Gel 100 grams with 1 refill: Upheld

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

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

Decision rationale: The documentation indicates that the claimant has chronic back, knee and hip pain. She is maintained on medical therapy which includes narcotic analgesics, muscle relaxants, and a topical non-steroidal anti-inflammatory medication, Voltaren Gel 1%. Per California MTUS Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. There is little evidence that supports them as a treatment option for spine and hip conditions. The duration of effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

90 Tablets of Norco 10-325mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates the claimant has been treated with opioid therapy with Norco for pain control. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.