MAXIMUS Federal Services

Case Number:	CM14-0068957		
Date Assigned:	07/14/2014	Date of Injury:	01/10/2005
Decision Date:	08/11/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/13/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 50-year-old female with an original date of injury on January 10, 2005. The injured regions include the cervical spine, right hand, wrist, and low back. Conservative treatments to date have included pain medication, activity modification, physical therapy and exercise. The disputed requests are for Vicodin, Ambien, Voltaren. A utilization review on April 30, 2014 had denied these requests. The utilization reviewer's rationale for the modification of the Vicodin prescription was that there was no evidence of VAS score, analgesia, functional gains, evaluation of any side effects, or appropriate ongoing monitoring. Regarding Ambien, the reviewer felt felt it was inappropriate for long-term use. Regarding the Voltaren gel, the region it is being applied to in the forearm does not have evidence of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine, in addition to various review articles (see Dr. Balantyne and Dr. Mao's review article from the New England Journal of Medicine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioid Criteria Section> Page(s): 76-80.

Decision rationale: According to a progress note on April 15, 2014, the patient is using all her medication sparingly and depending on episodes of activity. The patient continues to perform administrative tasks including the use of a mouse and keyboard on a regular basis. It does appear that Vicodin is part of a regimen of medications which allow the patient to function. However, guidelines recommend additional criteria for continuation of opioid medications. There should be documentation of monitoring for aberrant behaviors, which can include random urine drug testing or accessing state databases that monitor narcotic prescriptions. This information was not found in the submitted documentation, and this request is not medically necessary at this time.

Ambien 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA - http://www.drugs.com/pro/ambien/htmlOfficial Disability Guidelines: Pain Chapter, Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Health, Ambien Topic.

Decision rationale: In a recent progress note on April 15, 2014, there is documentation in the treatment plan that Ambien should be continued. However there is no commentary on the efficacy of this medication in terms of insomnia. Also the chronicity of this medication is not addressed. This request is not medically necessary.

Voltaren Gel 1%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 112 state that Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In the case of this injured worker, there is documentation that the Voltaren is being applied to the forearm. However, there is no evidence of osteoarthritis at this region. This request is not medically necessary.