

Case Number:	CM14-0076289		
Date Assigned:	07/18/2014	Date of Injury:	07/25/2011
Decision Date:	09/11/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 injured worker is a 42 year old male who was injured on 7/25/2011 involving a jackhammer and his left knee. He was diagnosed with medial meniscus tear of the left knee, chondromalacia of the left knee and complex regional pain syndrome. He was treated with physical therapy, oral analgesics, topical analgesics, Gabapentin, knee support, surgery (left knee meniscectomy, 5/2012) and steroid injections. On 5/1/2014, the worker was seen by his pain management physician complaining of his ongoing left knee pain with constant dyesthesia that radiates to his left foot. He reported that Gabapentin was beneficial as well as Voltaren gel, acupuncture and Lodine (no details provided) but did not notice any benefit from Lidoderm ointment. He was then prescribed a refill of his Gabapentin, Voltaren gel, a compound cream for neuropathic pain and was recommended to continue his Lodine and use his knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Genetic Metabolism Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) 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), Genetic testing for potential opioid abuse.

Decision rationale: The MTUS Guidelines are silent regarding genetic testing for potential opioid abuse. The ODG, however, states that this testing is not recommended. The research is currently experimental and studies are inconsistent. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Also, other variations in response to opioids depend on other factors besides genetics, such as pain modality, potential for repeated noxious stimuli, the opioid prescribed, and the route of administration, making predicting an overall response to opioids challenging, even if genetic testing is used. In the case of this worker, the treating physician ordered this testing, but without explanation as to why this was medically necessary. It is not known if the intention was to start the worker on opioids following the testing. Either way, however, the testing is medically unnecessary according to current guidelines.

1 Genetic Opioid Risk Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) 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), Genetic testing for potential opioid abuse.

Decision rationale: The MTUS Guidelines are silent regarding genetic testing for potential opioid abuse. The ODG, however, states that this testing is not recommended. The research is currently experimental and studies are inconsistent. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Also, other variations in response to opioids depend on other factors besides genetics, such as pain modality, potential for repeated noxious stimuli, the opioid prescribed, and the route of administration, making predicting an overall response to opioids challenging, even if genetic testing is used. In the case of this worker, the treating physician ordered this testing, but without explanation as to why this was medically necessary. It is not known if the intention was to start the worker on opioids following the testing. Either way, however, the testing is medically unnecessary according to current guidelines.

1 follow up - office visit in one month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Leg and knee section, Office visits.

Decision rationale: The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and

clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgement. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the case of this worker, he had been using Voltaren, Gabapentin and Lodine to help treat his chronic knee pain. There was no evidence of any procedure or medication (opioids) that would require frequent and close follow-up, according to the notes available for review. Therefore, the one-month follow-up with the pain specialist seems too soon and medically unnecessary.

Voltaren 1% gel 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID's.

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 longterm 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 injured worker, who has at least some neuropathic-type knee pain, the Voltaren, although not generally recommended for this has been, reportedly, helping the injured worker. However, there was no specific documented report of the injured worker's quantifiable pain reduction and functional improvement due to Voltaren. Therefore, without this documentation, the continuation of Voltaren is not medically necessary.