

Case Number:	CM14-0083864		
Date Assigned:	07/23/2014	Date of Injury:	09/16/2004
Decision Date:	09/19/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 & 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:

This is a female patient with the date of injury of September 16, 2004. A utilization review determination dated May 21, 2014 recommends non-certification of Voltaren, Norco, and Lidoderm patch. A progress note dated May 14, 2014 identifies subjective complaints of a pain level of 6/10 that is constant aching and cramping in her posterior neck, right shoulder, right arm, bilateral knees, low back and also with pain radiating down the posterior lateral right leg into her right foot below the ankle. The patient reports that the medications are working well and she is requesting that no changes be made. Her pain ranges from 5 - 9/10 although her medications keep the pain tolerable. The patient reports that her neck, shoulder, back, right foot, and bilateral knee pain is relieved with rest, medications, ice, heat application, pain patches, and Voltaren gel. Physical examination identifies moderate tenderness to palpation over the cervical paraspinal musculature and bilateral trapezius, interscapular musculature, right shoulder/upper arm, lumbosacral spine, and anterior right knee. Cervical flexion is restricted by pain to 45, extension is limited to return to neutral, rotation is limited by guarding and pain to 30 bilaterally. Mildly positive Spurling's. Lumbar flexion is restricted by pain to 30, extension limited to return to just short of fully neutral, rotation limited by gardening and pain to 30 bilaterally, mild tenderness to palpation over bilateral SI joints, and mildly positive bilateral street leg raises while seated. Diagnoses include chronic pain syndrome, osteoarthritis of the knee, brachial neuritis or radiculitis, cervicgia, shoulder joint pain, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, dysesthesia. The treatment plan recommends that the patient continued to use ice, heat, rest, gentle stretching, exercise, request authorization for continued coverage for patients chronic pain medication maintenance regimen, and request authorization for four visits of physical therapy. Current medications include Norco, tramadol, Voltaren, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.

Norco: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.

Lidoderm Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57,78,111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for topical Lidoderm Patch, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm Patch is not medically necessary.