

Case Number:	CM14-0089776		
Date Assigned:	07/23/2014	Date of Injury:	06/21/2012
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury on 06/21/2012 due to an unknown mechanism. Diagnoses were patellofemoral pain syndrome, left knee degenerative joint disease, and status post left knee arthroscopy. Past medical treatments were not reported. Diagnostic studies were not reported. Surgical history was status post left knee arthroscopy. There were no subjective complaints. There were no objective physical exam findings reported. Medications were Tylenol 3, Vistaril 25 mg (2 at night), and Voltaren gel. Treatment plan was not reported. The rationale for taking the Vistaril was reported as the injured worker takes Vistaril for broken sleep. The broken sleep led to increased pain during the next day and fatigue that prevented her from doing her activities of daily living. The injured worker continued to practice a good sleep hygiene regimen and denied next day drowsiness as a result of the medication. Rationale for the Tylenol 3 was it was clear in the documentation that the injured worker took 1 tablet of Tylenol 3 per day that decreased the severe pain spikes that she got on a daily basis. It helped her to continue to go to the grocery store and perform light cleaning and cooking. The rationale for the Voltaren was not submitted. There was no physical examination report submitted for review. Only a supplemental report written by the provider was submitted. This report submitted was dated 05/16/2014. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Volataren Gel 1 percent # 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID, Voltaren Gel page(s) 67,111 Page(s): 67,111.

Decision rationale: The request for Voltaren Gel 1 percent # 3 is non-certified. The California Medical Treatment Utilization Schedule states that nonsteroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent with most studies being small and of short duration. They have been found in studies to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. However, again they appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. The guidelines also state Voltaren gel 1% (Diclofenac) is an FDA approved agent indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment such as the 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). The documents submitted did not contain a physical examination report. Past conservative treatments were not provided. Although the injured worker may have reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is non-certified.

Tylenol 3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Pure-Agonist, page 74, Ongoing Management, page 78, Codeine, page 92 Page(s): 74, 78, 92.

Decision rationale: The request for Tylenol 3 #30 is non-certified. The California Medical Treatment Utilization Schedule states that Tylenol with codeine should be used for moderate to severe pain, and there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. There was no physical examination submitted for review. There was no previous conservative care reported. Although the injured worker may have reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is non-certified.

Vistaril 25mg # 60: 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 Drugs.com: <http://www.drugs.com/vistaril.html>
Drugs.com: <http://www.drugs.com/news/study-finds-doctors-more-sedatives-50687.html>.

Decision rationale: The request for Vistaril 25mg # 60 is non-certified. Vistaril (Hydroxyzine) reduces activity in the central nervous system. It also acts as an antihistamine that reduces the natural chemical histamine in the body. Histamine can produce symptoms of sneezing and runny nose, or hives on the skin. Vistaril is used as a sedative to treat anxiety and tension. Doctors in the United States are writing more prescriptions for sedatives than ever before, and the frequency use of these powerful drugs in combination with narcotic painkillers may be causing medication-related deaths, a new study suggests. Sedatives are used to treat problems such as anxiety, mood disorders and insomnia, and include drugs such as Valium, Halcion, Xanax, Ativan and Librium. Patients who received narcotic painkiller prescriptions were 4.2 times more likely to also have sedative prescriptions, and the number of joint prescriptions of opioids and benzodiazepines rose 12 percent a year, the Stanford University researchers stated. Physical examination report was not submitted for review. Although the injured worker may have reported improvement in sleep, the provider did not indicate a frequency for the medication. Therefore, the request is non-certified.