

Case Number:	CM14-0093838		
Date Assigned:	07/25/2014	Date of Injury:	07/23/2010
Decision Date:	08/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 7/23/10 date of injury. At the time (5/30/14) of the decision for Norco 7.5mg #60 with one refill, Naproxen Cream 240gm with one refill, and Voltaren ER 100mg #30 with one refill, there is documentation of subjective follow-up status post knee surgery and objective right lower extremity antalgic gait findings. The current diagnoses is, internal derangement of the knee and status post ACL reconstruction of right knee. The treatment to date including medications are, ongoing treatment with Norco, Naproxen cream, and Voltaren ER)). Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed. There will be ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects and functional benefit or improvement as a reduction in work restrictions and increase in activity tolerance, and/or a reduction in the use of medications as a result of Norco use to date. Regarding Naproxen Cream, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment, short-term use (4-12 weeks), functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Naproxen cream use to date, and failure of an oral NSAID or contraindications to oral NSAIDs. Regarding Voltaren ER, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren ER use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of internal derangement of the knee and status post ACL reconstruction of right knee. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 7.5mg #60 with one refill is not medically necessary.

Naproxen Cream 240gm with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs), page(s) 111-112.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure

of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of internal derangement of the knee and status post ACL reconstruction of right knee. In addition, there is documentation of ongoing treatment with Naproxen cream. However, despite documentation of a diagnosis of internal derangement of the knee, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of ongoing treatment with Naproxen cream, there is no documentation of short-term use (4-12 weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen cream use to date. Furthermore, given documentation of an associated request for Voltaren ER, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Naproxen Cream 240gm with one refill is not medically necessary.

Voltaren ER 100mg #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of internal derangement of the knee and status post ACL reconstruction of right knee. In addition, there is documentation of ongoing treatment with Voltaren. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren ER use to date. Therefore, based on guidelines and a review of the evidence, the request for Voltaren ER 100mg #30 with one refill is not medically necessary.