

Case Number:	CM14-0192744		
Date Assigned:	11/26/2014	Date of Injury:	04/05/2011
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 Interventional Spine 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 patient is a 39 year old male with an injury date of 04/05/11. The 08/15/14 report states that the patient presents with constant burning pain starting in the left lower back and extending to the left thigh and knee and to the left heel and instep along with numbness in the left great toe. Numbness in the lateral aspect of the left knee is increasing and tingling in the right leg is improving. Pain is rated 8/10. The patient has antalgic gait and ambulates with a one point cane. He is not working. Examination reveals palpable trigger points in the bilateral gluteal muscles, with palpable band and twitch. Pain refers laterally and caudally into the buttock. Examination also shows 4/5 dorsiflexion of the left EHL. The patient's diagnoses include closed fracture of calcaneus, myalgia and myositis unspecified, spinal enthesopathy, complex regional pain syndrome of both lower extremities and complex regional pain syndrome type I of lower limb. Current medications are listed as Gabapentin, Hydrocodone, Duloxetine, Diclofenac Gel, and Tramadol. The utilization review being challenged is dated 10/27/14. Reports were provided from 10/07/13 to 08/26/14. Many reports are handwritten and largely illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen (Norco) 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 60-61, 88-89, 76-78.

Decision rationale: The patient presents with constant pain in the left lower back extending to the left knee and thigh and left heel and instep with numbness and tingling in the left great toe and tingling in the right leg. The Request for Authorization is not included. The 10/27/14 Utilization Review states the date of the request is 10/20/14. The Utilization review modified this request from #60 to #45 to continue weaning. The patient has been using Hydrocodone since at least 10/07/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The physician indicates in the 08/15/14 report that the patient has received 6 lumbar sympathetic injections (dates unknown) with greater than 50% relief for several days along with home exercise and physical therapy. The patient did poorly with a trial of spinal cord stimulator and required hospitalization (date unknown) due to increased right leg and scrotal pain. Prialt provided sufficient relief for the patient to return home, but the patient stopped physical therapy due to anxiety. The report states that the patient is being weaned from opioids; however, this statement is made multiple times as early as the 10/07/13 report. In this case, pain is routinely assessed through the use of pain scales. Pain is rated 8/10 on 11/04/13, 7-9/10 on 12/23/13, 6-8/10 on 03/06/14, 7-8/10 on 06/12/14, 5-8/10 on 07/17/14 and 08/10 on 08/15/14. On 08/15/14 and 06/17/14 that Norco provided the patient 50% pain relief. The physician does not state how long pain relief lasts. The physician also indicates on 08/15/14 and 06/17/14 that Norco allows the patient to stand and do dishes; however, this limited ADL information does not show a significant change with use of this medication. Opiate management issues are discussed. The Urine toxicology report collected 08/15/14 is included and the physician indicates on 08/15/14 that the report shows the presence of THC and Gabapentin with inconsistent results as all other substances tested negative. The report states the physician lacks an explanation as the patient reports taking Norco and Tramadol and the physician will re-test. The retest is not discussed in the reports provided. The UDS of 05/22/13 is stated to be appropriate for Morphine, Ativan and THC. The patient's THC license is mentioned. CURES reports from 06/17/14, 04/18/14, and 12/04/13 are cited as reporting no provider overlap. The physician also indicates there are no adverse side effects or signs of diversion. However, several reports from 2014 discuss the patient's decreased mood. No outcome measures are provided. Pain has not reduced from 8/10 from 11/04/13 to 08/15/14 and does not appear to warrant continued use of long-term opiates. There does not appear to be sufficient documentation to support long term opioid use as required by MTUS. In this case, the request IS NOT medically necessary.

Diclofenac (Voltaren Gel) 1% topical 100g x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111, 113.

Decision rationale: The patient presents with constant pain in the left lower back extending to the left knee and thigh and left heel and instep with numbness and tingling in the left great toe and tingling in the right leg. The Request for Authorization is not included. The 10/27/14 Utilization Review states the date of the request is 10/20/14. The reports provided show the patient has been using this medication since at least 10/07/13. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. On 08/15/14 the physician indicates that the patient is using Voltaren Gel with benefit. The reports do not discuss the intended use of this medication. In this case, this medication is indicated for peripheral joint tendinitis that does not appear to be present in this patient. The patient does present with knee pain; however, this appears to be referred pain, and the physician does not state use is for the knee. The request is not medically necessary.