MAXIMUS Federal Services

Case Number:	CM14-0193815		
Date Assigned:	12/01/2014	Date of Injury:	06/13/2007
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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 Tennessee. 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 56-year-old female with a 6/13/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/7/14 noted subjective complaints of low back pain. Objective findings included antalgic gait. Diagnostic Impression: lumbar degenerative disc disease, sciatica. Treatment to Date: Medication Management. A UR decision dated 10/21/14 denied the request for Diclofenac 3%. There is no documentation showing that the patient had osteoarthritis or tendonitis to indicate the need for a topical NSAID. It also modified the request for Tylenol #4 sixty count with four refills, certifying #30 with no refills. There is no specific rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%, one count with six refills: 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 Page(s): 112.

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and

wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, in the documents available for review, there is no diagnosis of osteoarthritis noted. There are diagnosis involving the spine, but guidelines do not recommend the use of Diclofenac gel for this location. In addition, there is no documentation of the intended location of use for this medication. Therefore, the request for Diclofenac 3%, one count with six refills is not medically necessary.

Tylenol #4, sixty count with four refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2007 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tylenol #4, sixty count with four refills is not medically necessary.