

Case Number:	CM14-0193983		
Date Assigned:	12/01/2014	Date of Injury:	03/14/2011
Decision Date:	01/14/2015	UR Denial Date:	10/13/2014
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 Physical Medicine and Rehabilitation 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 59-year-old male with a 3/14/11 date of injury. At the time (10/3/14) of request for authorization for 90 tablets of Norco 10/325mg, 90 tablets of Norco 10/325mg, and 1 tube of Voltaren gel 1% 100gm, there is documentation of subjective (knee pain) and objective (antalgic gait and pain behavior is within the expected context of disease) findings, current diagnoses (osteoarthritis of the knee and avascular necrosis of the bone), and treatment to date (medications (including ongoing treatment with Norco), cortisone injections, and physical therapy). Medical report identifies that the patient could not take NSAIDs due to hiatal hernia; and that Norco provides 50% pain relief and allows the patient to work full-time. Regarding 90 tablets of Norco 10/325mg, 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

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 osteoarthritis of the knee and avascular necrosis of the bone. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation that Norco provides 50% pain relief and allows the patient to work full-time, there is documentation of functional benefit and improvement as a reduction in work restrictions as a result of Norco use to date. 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. Therefore, based on guidelines and a review of the evidence, the request for 90 tablets of Norco 10/325mg is not medically necessary.

90 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

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 osteoarthritis of the knee and avascular necrosis of the bone. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation that Norco provides 50% pain relief and allows the patient to work full-time, there is documentation of functional benefit and improvement as a reduction in work restrictions as a result of Norco use to date. 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. Therefore, based on guidelines and a review of the evidence, the request for 90 tablets of Norco 10/325mg is not medically necessary.

1 tube of Voltaren gel 1% 100gm: Overturned

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 Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium

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 Voltaren Gel. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of the knee and avascular necrosis of the bone. In addition, there is documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee) and short-term use (4-12 weeks). Furthermore, given documentation that the patient could not take NSAIDs due to hiatal hernia, there is documentation of contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for 1 tube of Voltaren gel 1% 100gm is medically necessary.