

Case Number:	CM14-0194266		
Date Assigned:	12/02/2014	Date of Injury:	08/22/2011
Decision Date:	01/16/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 34 year-old female with an original date of injury on 8/22/2011. The mechanism of injury occurred while the patient was pulling a retractor, and felt a pop in her left wrist. The industrially related diagnoses are left elbow pain, left wrist pain, neuropathic pain in the left elbow and wrist, and tenosynovitis of the left hand and wrist. On 5/2/2013, the patient has had surgery for triangular fibrocartilage tear, left ulnar neuroplasty at the elbow anterior transposition, left ECU tendon sheath steroid injection, and left wrist arthroscopy with synovectomy. She is currently pending opinion from a local hand surgeon regarding the next step in treatment. The patient has had physical therapy of her hand and wrist before and after surgery. The patient has been taking Norco, Voltaren topical cream and Lidoderm topical treatment for pain control. The disputed issues are the request for refill of Norco 10/325mg 90 tablets and Voltaren gel 100 grams 5 tubes. A utilization review dated 11/3/2014 has non-certified the request of Voltaren and modified Norco to 45 tablets. With regards to Norco, the utilization review states there is no documentation of specific functional improvement of activities of daily living. The daily average number of Norco 10 mg tablets taken is unknown and the trial of lower Norco strength such as 5 mg and 7.5 mg were not addressed. As the abrupt cessation of opioids is not recommended, therefore, a modified number of 45 tablets are granted to continue weaning purposes. With regards to Voltaren topical treatment, there is lack of guideline and clinical evidence for pain and functional benefits are not documented or described. There is no evidence that the patient has failed or contraindication for taking oral NSAIDs, therefore, this request was deemed not medically necessary for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Opioid Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: A progress note on date of service 10/21/2014 indicate patient was taking Norco 10/325 mg 2-3 tablets daily for left wrist and elbow pain. It is documented the patient has pain 7-8/10 without medication and 3-4/10 with medication. Within the provided documentation provided, there is no discussion of objective functional improvement, side effects. In addition, the urine drug screen provided shows the patient is not taking Norco consistently. Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. In the absence of such documentation, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (Hydrocodone/Acetaminophen) is not medically necessary.

Voltaren Gel 100 gm #5 Tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state the following "Voltaren Gel 1% (Diclofenac) Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." A progress note on date of service 7/2/2013 notes patient was previously taking oral NSAID, and Ibuprofen, however, she was not able to continue due to gastric reflux symptoms. Based on a progress note dated on 3/27/2013, the patient was also taking Naproxen. It was not clearly stated why the patient could not continue oral Naproxen. In the absence of documentation of intolerance, or adverse reaction to oral Naproxen, the request for continuing topical Voltaren is not indicated.