

<b>Case Number:</b>	CM14-0200747		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Occupational 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 applicant is a represented [REDACTED] driver who has filed a claim for wrist pain, trigger finger, and low back pain reportedly associated with an industrial injury of November 27, 1995. In a Utilization Review Report dated November 27, 2014, the claims administrator failed to approve request for Norco, Ambien, and Voltaren gel. The claims administrator stated that its decisions were based on an RFA form reviewed on November 18, 2014. The applicant's attorney subsequently appealed. On June 9, 2014, Relafen, Voltaren gel, Norco, and Ambien were all endorsed. The applicant's work status was not clearly stated on this occasion. Multifocal complaints of knee pain were appreciated. Multifocal complaints of pain were noted, with the applicant's primary pain generator seemingly the knee. The note was difficult to follow and not entirely legible. On July 27, 2014, the applicant was described as overall better. Persistent complaints of knee pain were evident; however, the applicant stated that his knees were not giving way any longer. The applicant stated that his low back was painful, but the applicant was nevertheless functioning. The applicant was reportedly retired and asked to remain off of work indefinitely. The applicant was 62 years old as of this date. Voltaren, Ambien, Norco, and Relafen were all renewed. On November 18, 2014, the applicant reported heightened complaints of knee pain after having recently fallen. The applicant reported heightened knee pain secondary to cold weather. Swelling was appreciated about the thenar eminence and the left knee. Multiple medications were renewed, again without any explicit discussion of medication efficacy, including Voltaren, Norco, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 1 tab po q 3-6 hrs #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, although it is acknowledged that this may be a function of age (62) as opposed to a function of the applicant's chronic pain concerns. Nevertheless, the multiple handwritten progress notes, referenced above, failed to incorporate any explicit discussion of medication efficacy. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

**Ambien 10mg 1 tab po qhs prn #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider employing a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same, and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant has been using Ambien for a minimum of several months. Such usage, however, runs counter to the FDA label. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would counter the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.

**Voltaren Gel to left knee bid 100gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

**Decision rationale:** While 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren is indicated in the treatment of small joint osteoarthritis, including the osteoarthritis of the knee reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work. While it is acknowledged that this may be a function of the applicant's age (62) as opposed to a function of the applicant's chronic pain concerns, as with the request for Norco, however, the attending provider failed to outline any meaningful improvements in function or quantifiable decrements in pain achieved as a result of ongoing Voltaren usage. Commentary made by the attending provider to the effect that the applicant's knees are still giving way and swelling suggested ongoing usage of Voltaren has not, in fact, proven altogether beneficial. Similarly, ongoing usage of Voltaren gel has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren gel. Therefore, the request is not medically necessary.