

Case Number:	CM15-0005738		
Date Assigned:	02/03/2015	Date of Injury:	04/22/2011
Decision Date:	03/26/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 04/22/2011. On provider visit dated 12/04/2014 the injured worker has reported pain. On examination he was noted to have progressively worse hands and visual changes due to his tumor. The diagnoses have included lumbar myofascial pain and lumbar disc disease. Treatment to date has included medication. Treatment plan included refills of previously prescribed medication. On 12/24/2014 Utilization Review non-certified Voltaren gel #60, Norco 10/325mg #90 and modified Dilaudid 10mg #120, as not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: 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. MTUS guidelines on page 83 also state that stronger opioids such as hydromorphone (Dilaudid) are recommended in osteoporosis patients for the treatment of severe pain under exceptional circumstances. In this case, a prescription for Dilaudid is first noted in progress report dated 05/22/14, and the patient has been taking the medications consistently at least since then. In progress report dated 08/04/14, the treater states that Dilaudid and Norco work on different areas of pain. The patient does not use them together and he uses both narcotics sparingly. The pain is rated at 9+/10 without medications and 4-5/10 with medications, as per the same progress report. The treater, however, does not use a validated scale to demonstrate a measurable improvement in function. A UDS report, dated 06/17/14 as reviewed in progress report dated 07/11/14, is consistent for opioid use. Nonetheless, no CURES reports are provided for review. The treater does not list the side effects associated with opioids. The reports lack sufficient documentation regarding the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS for all opioid containing medications. The guidelines also recommend against long-term use of Dilaudid. Hence, the request IS NOT medically necessary.

Voltaren gel #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, Voltaren gel is first noted in progress report dated 08/04/14. In the report, the treater states that the patient has used this in the past and states it works very well for his inflammatory pain. MTUS guidelines, however, recommend topical NSAIDs such as Voltaren only for peripheral joint arthritis. Given the lack of appropriate diagnosis in this case, the use of Voltaren gel IS NOT medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: 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. In this case, a prescription for Norco is first noted in progress report dated 03/21/14, and the patient has been taking the medications consistently at least since then. In progress report dated 08/04/14, the treater states that Dilaudid and Norco work on different areas of pain. The patient does not use them together and he uses both narcotics sparingly. The pain is rated at 9+/10 without medications and 4-5/10 with medications, as per the same progress report. The treater, however, does not use a validated scale to demonstrate a measurable improvement in function. A UDS report, dated 06/17/14 as reviewed in progress report dated 07/11/14, is consistent for opioid use. Nonetheless, no CURES reports are provided for review. The treater does not list the side effects associated with opioids. The reports lack sufficient documentation regarding the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS for all opioid containing medications. The request IS NOT medically necessary.