

Case Number:	CM15-0007357		
Date Assigned:	01/26/2015	Date of Injury:	09/19/2012
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] employee who has filed a claim for chronic shoulder, neck, upper arm, knee, and chest wall pain reportedly associated with an industrial injury of September 19, 2012. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve requests for tramadol, Norco, Voltaren gel, and Duexis. The applicant's attorney subsequently appealed. In a January 12, 2015 progress note, the applicant reported ongoing complaints of low back, bilateral hand, neck, right shoulder, right ribs, and right knee pain. The note was very difficult to follow and mingled historical issues with current issues. The applicant was severely obese, standing 5 feet 9 inches tall and weighing 313 pounds. The applicant was not working, it was acknowledged. The applicant had reportedly alleged development of multifocal pain complaints secondary to cumulative trauma at work. The applicant was reportedly given and/or using oral Voltaren, Norco, and tramadol as of this date. The applicant was asked to continue traction, lumbar epidural steroid injection therapy, and medications while remaining off of work, on total temporary disability. In a December 12, 2014 progress note, Voltaren gel, Norco, tramadol, and Duexis were endorsed for ongoing complaints of neck, shoulder, low back, upper extremity, and knee pain. The applicant was again placed off of work, on total temporary disability. At the bottom of the report, the attending provider stated that he was refilling oral Voltaren, Norco, and tramadol. Little to no discussion of medication efficacy transpired. In an agreed medical evaluation dated December 3, 2014, the medical-legal evaluator explicitly stated that the applicant "denied having upper gastrointestinal symptoms."

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG#120: 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 topic. Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of tramadol. The attending provider's progress notes of December 2014 and January 2015, referenced above, failed to outline any quantifiable decrements in pain or material improvements in function affected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

HYDROCODONE 10/325 MG#20: Upheld

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

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

Decision rationale: Similarly, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. The attending provider's progress notes of December 2014 and January 2015 failed to outline any quantifiable decrements in pain or material improvements in function affected as a result of ongoing Norco (hydrocodone) usage. Therefore, the request was not medically necessary.

VOLTAREN GEL 1% WITH FOUR (4) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Topical Diclofenac/Voltaren.

Decision rationale: Similarly, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel has not been evaluated for treatment of the spine. Here, the applicant's primary pain generator was/is, in fact, the lumbar spine, a body part for which Voltaren gel has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider has failed to furnish any compelling applicant-specific rationale which would support concomitant usage of both oral Voltaren and topical Voltaren. Therefore, the request was not medically necessary.

DUEXIA 800MG/ #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), Duexis Medication Guide.

Decision rationale: Finally, the request for Duexia was likewise not medically necessary, medically appropriate, or indicated here. Based on the attending provider's description of the article at issue, this appears to represent a request for Duexis. Duexis, per the National Library of Medicine, is an amalgam of ibuprofen and famotidine. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as famotidine are recommended to combat issues with NSAID-induced dyspepsia, in this case, however, a medical-legal evaluator noted on December 3, 2014 that the applicant explicitly denied currently having or previously having had symptoms of reflux, heartburn, and/or dyspepsia. Since the famotidine component in the Duexis amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request was not medically necessary.