

Case Number:	CM15-0103386		
Date Assigned:	06/05/2015	Date of Injury:	07/20/1998
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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, New York, 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 52-year-old who has filed a claim for chronic low back, knee, headaches, and neck pain reportedly associated with an industrial injury of July 20, 1998. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve requests for Voltaren gel, Norco, Neurontin, and topical Pennsaid. The claims administrator referenced a RFA form received on May 13, 2015 in its determination, along with an associated progress note of April 24, 2015. The applicant's attorney subsequently appealed. On April 24, 2015, the applicant reported ongoing complaints of low back pain, headaches, neck pain, and knee pain. The note was very difficult to follow and mingled historical issues with current issues. Lifting and bending remained problematic. The applicant did report issues with paresthesias about the bilateral lower extremities. The applicant reported severe pain, it was stated in some sections of the note. Towards the bottom of the note, it was stated that the applicant had 9/10 pain without medications versus 4/10 with medications. The applicant did have comorbidities including diabetes and hypertension, it was reported. The applicant's medication lists included Neurontin, Norco, Pennsaid, and Voltaren gel, it was reported. The applicant was received Social Security Disability Insurance (SSDI), it was acknowledged. The attending provider stated that the applicant was stable on its current medication regimen but did not elaborate further. The applicant was deemed "disabled," it was stated toward the bottom of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for topical Voltaren gel was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren gel is indicated in the treatment of knee arthritis, i. e. , one of the diagnoses present here, this recommendation is, however, 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 efficacy of medication into its choice of recommendations. Here, however, the applicant was off of work. The applicant had been deemed disabled, as reported on April 24, 2015. The attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption. These reports were, however, outweighed by the applicant's failure to return to work and the failure of topical Voltaren to ameliorate the applicant's ability to lift, bend, stand, walk, etc. Ongoing use of topical Voltaren likewise failed to diminish the applicant's dependence on opioid agent such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

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 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for 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, however, the applicant was off of work, it was acknowledged on April 24, 2015. The applicant was receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was reported on that date. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumptions, these reports were, however, outweighed by the applicant's failure to return to work and attending provider's failure to outline meaningful or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

Neurontin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: Similarly, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, it did not appear that ongoing usage of gabapentin (Neurontin) had generated requisite improvements in pain and/or function needed to justify continuation of the same. The applicant had failed to return to work, it was reported on April 24, 2015. The applicant was receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was reported on that date. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco. While the attending provider did recount some reported reduction in pain scores apparently achieved as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's commentary that the applicant was having difficulty performing activities of daily living as basic as lifting and bending, despite ongoing Neurontin usage, which, coupled with the failure of Neurontin to reduce the applicant's dependence on opioid such as Norco, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Pennsaid 1.5%: Upheld

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

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

Decision rationale: Finally, the request for topical Pennsaid, a derivative of topical diclofenac/Voltaren, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into its choice of pharmacotherapy. Here, however, the attending provider did not clearly state why he was furnishing the applicant with two separate topical diclofenac derivatives, namely Voltaren gel and Pennsaid drops. Therefore, the request was not medically necessary.