

Case Number:	CM15-0105280		
Date Assigned:	06/09/2015	Date of Injury:	12/04/2013
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female, who sustained an industrial injury on December 4, 2013. The mechanism of injury was a trip and fall. The injured worker has been treated for low back and bilateral knee complaints. The diagnoses have included left knee strain, right knee strain with acute flare-up from hyperextension/compensatory and left lumbar spine radiculopathy. Treatment to date has included medications, radiological studies, MRI, acupuncture treatments, physical therapy and a left knee injection. Current documentation dated April 14, 2015 notes that the injured worker reported constant throbbing low back pain with tension and stiffness. The injured worker also noted bilateral knee pain with stiffness which occasionally radiated into the thighs or calves. The injured worker also noted giving away of the knee, popping and clicking. Examination of the bilateral knees revealed a mild effusion and moderate tenderness of the right knee with light touch diffusely. The injured worker also had difficulty with weight bearing. The treating physician's plan of care included a request for the medications Voltaren ER 100 mg # 30 and Ultracet # 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-71.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for low back and bilateral knee pain. When seen, there was an abnormal gait with slow movements. There was moderate difficulty with weight bearing activities. There was diffuse knee tenderness with a mild effusion. Voltaren ER and Ultracet were prescribed. Guidelines recommend the use of NSAID (nonsteroidal anti-inflammatory medications) with caution as an option in the treatment of chronic pain including pain from osteoarthritis. Dosing is Voltaren-XR 100 mg PO once daily for chronic maintenance therapy. Therefore, the requested Voltaren ER is medically necessary.

Ultracet #40: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for low back and bilateral knee pain. When seen, there was an abnormal gait with slow movements. There was moderate difficulty with weight bearing activities. There was diffuse knee tenderness with a mild effusion. Voltaren ER and Ultracet were prescribed. Ultracet (tramadol/acetaminophen) is a combination immediate release medication often used for intermittent or breakthrough pain. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking. Ultracet was being prescribed as part of the claimant's management. There were no identified issues of abuse or addiction and the total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, prescribing was medically necessary.