

Case Number:	CM15-0132419		
Date Assigned:	07/20/2015	Date of Injury:	06/01/2004
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 63 year old female, who sustained an industrial injury on 6/01/2004. The mechanism of injury was not noted. The injured worker was diagnosed as having pain in joint involving lower leg, chondromalacia of patella, and osteoarthritis, unspecified whether generalized or localized, lower leg. Treatment to date has included physical therapy and medications. Currently (5/26/2015), the injured worker complains of bilateral knee pain, right greater than left. Pain was rated 7/10. She had not restarted physical therapy. Orthopaedic testing for the knees showed Foucher's sign abnormal bilaterally. She used a cane for ambulation. Treatment assessment noted maximum medical improvement with no changes since 10/20/2014. She was prescribed Anaprox DS and was taking Lidoderm, Voltaren gel, Norco, and Ambien. The treatment plan included continued physical therapy for both knees and medications, including oral and topicals. Gastrointestinal complaints were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enova/Naproxen 10%, 30 day supply 120 gm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other: <http://www.ncbi.nlm.nih.gov/pubmed/12450887>.

Decision rationale: Per internet search, enova is diacylglycerol oil, which is used as an adjunctive therapy for weight loss and body fat reduction, especially in metabolic syndrome. With regard to topical naproxen the MTUS states, "(Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Naproxen may be indicated for the injured worker's knee pain. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the use of Enova. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since Enova is not medically indicated, then the overall product is not indicated per MTUS as outlined below, and the request is not medically necessary. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.