

Case Number:	CM15-0183981		
Date Assigned:	09/24/2015	Date of Injury:	09/22/2013
Decision Date:	10/30/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 46 year old male, who sustained an industrial-work injury on 9-22-13. He reported initial complaints of pain in left ankle and low back pain. The injured worker was diagnosed as having lumbar strain-sprain and left ankle instability. Treatment to date has included medication, and surgery (ankle reconstruction). Currently, the injured worker complains of pain in ankle and lumbar pain. Per the primary physician's progress report (PR-2) on 8-3-15, the lumbar spine had tenderness to palpation with spasm. The left ankle also had tenderness to palpation. Current plan of care includes continue medication. The Request for Authorization requested service to include Percocet 5/325mg #60 and Voltaren 50mg #60. The Utilization Review on 8-25-15 denied the request for Percocet and Voltaren due to lack of documentation regarding assessment of pain or continued use, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Percocet 5/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal that opioids are being prescribed per the MTUS prescribing guidelines in terms of the above assessments or in regards to efficacy or prescribing based on increased function and improved pain. This request is not medically necessary.

Voltaren 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac sodium (Voltaren®, Voltaren-XR®).

Decision rationale: Voltaren 50mg #60 is not medically necessary per the MTUS and the ODG. is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Voltaren is not medically necessary as it is unclear what first line NSAIDs the patient has tried. Additionally, it is not clear that blood pressure is being monitored and the patient has pre-existing hypertension which can be exacerbated by NSAIDs. This request is not medically necessary.