

Case Number:	CM15-0192132		
Date Assigned:	10/06/2015	Date of Injury:	06/28/2013
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female injured worker suffered an industrial injury on 6-28-2013. The diagnoses included cervical degenerative disc disease, lumbar degenerative disc disease, clinically consistent cervical radiculopathy, left shoulder rotator cuff tear and right knee pain. On 8-21-2015 the treating provider reported she continued to have persistent neck pain, shoulder pain, lower back pain and right knee pain rated at 5 out of 10 for the low back and neck. On exam there were tenderness and spasms of the lumbar muscles with stiffness with range of motion. There was tenderness to the bilateral facet joints. There was tenderness to the left AC joint. There was tenderness and spasms in the cervical muscles with stiffness and tenderness to the cervical facet joints. Prior treatment included physical therapy and chiropractic therapy. The Utilization Review on 9-1-2015 determined non-certification for Norco 5/325mg orally every 12 hours as needed, #60 and Voltaren gel 1%, apply 2-4gm 4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg orally every 12 hours as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with persistent neck pain, shoulder pain, lower back pain with increasing right hip and lower extremity pain, as well as right knee pain. The request is for Norco 5/325mg orally every 12 hours as needed, #60. The request for authorization is not provided. Patient's diagnoses include cervical degenerative disc disease; lumbar degenerative disc disease; clinically consistent cervical radiculopathy; left shoulder rotator cuff tear; left shoulder rotator cuff tendinitis. Physical examination reveals tenderness and spasm noted on lumbar paraspinal muscles, stiffness noted motion of lumbar spine. Tenderness to bilateral facet joints. Tenderness to left acromioclavicular joint. Tenderness and spasms noted cervical paraspinal muscles, stiffness noted cervical spine, tenderness also to bilateral cervical facet joints. She is doing physical therapy for the right shoulder and she feels her range of motion has improved but the pain does continue and is increased after therapy. She states she is doing some chiropractic treatments for the neck on her own. Patient is to continue home stretching exercise program and current medication use. Patient's medications include Norco and Voltaren Gel. Per progress report dated 08/21/15, the patient is on modified work. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Per progress report dated 08/21/15, treater's reason for the request is "She continues to receive benefit from current medication." Review of provided medical records show the patient was prescribed Norco since 02/25/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. There is no discussion or documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES, or opioid contract. In this case, treater has not discussed the 4A's as required by MTUS. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Voltaren gel 1%, apply 2-4gm 4 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with persistent neck pain, shoulder pain, lower back pain with increasing right hip and lower extremity pain, as well as right knee pain. The request is for Voltaren gel 1%, apply 2-4gm 4 times a day. The request for authorization is not provided. Patient's diagnoses include cervical degenerative disc disease; lumbar degenerative disc disease; clinically consistent cervical radiculopathy; left shoulder rotator cuff tear; left shoulder rotator cuff tendinitis. Physical examination reveals tenderness and spasm noted on lumbar paraspinal muscles, stiffness noted motion of lumbar spine. Tenderness to bilateral facet joints. Tenderness to left acromioclavicular joint. Tenderness and spasms noted cervical paraspinal muscles, stiffness noted cervical spine, tenderness also to bilateral cervical facet joints. She is doing physical therapy for the right shoulder and she feels her range of motion has improved but the pain does continue and is increased after therapy. She states she is doing some chiropractic treatments for the neck on her own. Patient is to continue home stretching exercise program and current medication use. Patient's medications include Norco and Voltaren Gel. Per progress report dated 08/21/15, the patient is on modified work. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Treater does not specifically discuss this medication. Review of provided medical records show the patient has been prescribed Voltaren Gel since 07/22/15. The patient continues right knee pain. X-ray of the right knee, 06/22/15, shows joint space well preserved, patella is normal position, mild fullness of suprapatellar fossa suggesting effusion. In this case, although the patient has knee pain, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. Therefore, the request IS NOT medically necessary.