

Case Number:	CM15-0192887		
Date Assigned:	10/07/2015	Date of Injury:	06/04/2012
Decision Date:	12/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 58 year old individual, who sustained an industrial injury on 6-04-2012. The injured worker was being treated for cervical sprain, lumbar sprain-strain, and current tear of cartilage or meniscus of knee, not elsewhere classified. Treatment to date has included diagnostics, physical therapy, and medications. Currently (8-25-2015), the injured worker complains of pain in the low back and neck, not rated (pain also not rated on 6-23-2015 visit and-or 5-05-2015 visit). Work status was permanent partial disability. Physical exam of the cervical spine noted paravertebral muscle tenderness and spasm, restricted range of motion, and intact motor and sensory. Function with activities of daily living was not described. Exam of the thoracic spine noted paravertebral muscle tenderness and spasm. Exam of the shoulders noted tenderness to palpation anteriorly, range of motion decreased by 20%, and positive impingement. Exam of the right elbow noted tenderness to palpation and lateral epicondylitis. Exam of the left knee noted "major ecchymosis", although appeared to be resolving, effusion, positive McMurray's, and tenderness to palpation at the peripheral patella. Physical exam was unchanged from 6-23-2015 and 5-05-2015. Current medications were documented as Naproxen 550mg (use since at least 5-2015) daily, Hydrocodone 5-325mg (use since at least 5-2015) twice daily as needed, Voltaren 1% gel (use since at least 6-23-2015) to affected area twice daily, and Ketoprofen ER 200mg daily as needed. Side effects, if any, were not documented. The use of Ketoprofen was not referenced in the progress report dated 6-23-2015. Urine toxicology was not submitted. Failed medications were not documented. Per the request for Authorization dated 8-25-2015, the treatment plan included Ketoprofen ER 200mg #30, Naproxen 550mg #30 with 2

refills, Hydrocodone 5-325mg #60 with 1 refill, and Voltaren 1% gel #100 with 2 refills. On 9-03-2015 Utilization Review non-certified the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen ER (extended release) 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Records report Exam of the thoracic spine noted paravertebral muscle tenderness and spasm. Exam of the shoulders noted tenderness to palpation anteriorly, range of motion decreased by 20%, and positive impingement. Exam of the right elbow noted tenderness to palpation and lateral epicondylitis. Exam of the left knee noted "major ecchymosis", although appeared to be resolving, effusion, positive McMurray's, and tenderness to palpation at the peripheral patella. Physical exam was unchanged from 6-23-2015 and 5-05-2015. Current medications were documented as Naproxen 550mg (use since at least 5-2015) daily, Hydrocodone 5-325mg (use since at least 5-2015) twice daily as needed, Voltaren 1% gel (use since at least 6-23-2015) to affected area twice daily, and Ketoprofen ER 200mg daily as needed. Side effects, if any, were not documented. The use of Ketoprofen was not referenced in the progress report dated 6-23-2015. Urine toxicology was not submitted. Failed medications were not documented. The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of ketoprofen ER for the insured as there is no indication of objective benefit in function. The request is not medically necessary.

Naproxen sodium 550mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Records report Exam of the thoracic spine noted paravertebral muscle tenderness and spasm. Exam of the shoulders noted tenderness to palpation anteriorly, range of motion decreased by 20%, and positive impingement. Exam of the right elbow noted tenderness to palpation and lateral epicondylitis. Exam of the left knee noted "major ecchymosis", although appeared to be resolving, effusion, positive McMurray's, and tenderness to palpation at the

peripheral patella. Physical exam was unchanged from 6-23-2015 and 5-05-2015. Current medications were documented as Naproxen 550mg (use since at least 5-2015) daily, Hydrocodone 5-325mg (use since at least 5-2015) twice daily as needed, Voltaren 1% gel (use since at least 6-23-2015) to affected area twice daily, and Ketoprofen ER 200mg daily as needed. Side effects, if any, were not documented. The use of Ketoprofen was not referenced in the progress report dated 6-23-2015. Urine toxicology was not submitted. Failed medications were not documented. The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of naproxen for the insured as there is no indication of objective benefit in function. Therefore the request is not medically necessary.

Hydrocodone 5/325mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued used of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as hydrocodone. Therefore the request is not medically necessary.

Voltaren 1% gel, #100 with 2 refills: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The medical records report joint pain but does not indicate failure of oral NSAIDs or demonstrate findings that contraindicate oral NSAIDs. MTUS supports topical NSAIDs for conditions where oral NSAIDs are not helpful or contraindicated. Topical NSAID is not supported in combination with oral NSAID. MTUS guidelines support that topical pain preparations are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical records provided for review indicate a pain condition related to neurological condition but does not detail previous trials of antidepressants or anticonvulsants tried and failed or demonstrated to be intolerant. As such the medication records do not support the use of topical voltaren gen 1% at this time and is not medically necessary.