MAXIMUS Federal Services

Case Number:	CM15-0198172		
Date Assigned:	10/13/2015	Date of Injury:	09/30/2006
Decision Date:	12/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/08/2015

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, Arizona
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 injured worker is a 56 year old female who sustained an industrial injury on 09-30-2006. Medical records indicated the worker was treated for knee pain. In the provider notes of 09-16-2015, the injured worker complains of pain in the left knee situation post left total knee replacement (date not given). She rates her pain a 10 on a scale of 0-10 without medication and as a 6 on a scale of 10 with medication. The pain is aggravated by activity, standing and walking. The worker is status post lumbar block (12-31-2014) with post procedure 50-80% overall improvement. The worker reports that pool therapy and use of medications had decreased her pain and increased her ability to work. Her current medications include gabapentin, Lidoderm 5% patch, MS Contin, Voltaren gel 1%, Dextroamphetamine, and Norco. On exam, the worker has tenderness on palpation and moderate swelling of the left knee. The range of motion of the lower extremities left knee was decreased due to pain. She also had hypersensitivity in the left lower extremity and allodynia in the left lower extremity. The plan is for renewal of medications and continuation of aqua therapy.A request for authorization was submitted for: 1. Voltaren gel 1% #3; 2. Gabapentin 300mg #60; 3. Lidoderm patches 5% #30; 4. Dextroamphetamine 10mg #60; 5. Aqua therapy 2x wk. x 4 wks. A utilization review decision 10-02-2015 Non-certified the request in its entirety. Voltaren gel. Gabapentin-Lidoderm patches. Dextroamphetamine. AquatherapySufficient documents: 10/22/2015

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Voltaren Gel (Diclofenac Sodium).

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

Decision rationale: The MTUS guidelines specifically state regarding Non-steroidal anti-inflammatory agents (NSAIDs): "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 two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2-week period." Voltaren is an approved agent indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the hands, wrists, knees, ankles, and feet. It has not been evaluated for treatment of spine, hip, or shoulder conditions. Within the submitted records, it is noted that the injured worker has been on Voltaren without significant functional improvement noted. Pain is still 6/10, and there is no significant improvement in activities of daily living or reduction in work restrictions documented, attributed to Voltaren use. As such, ongoing use cannot be supported and the request is not medically necessary.

Gabapentin 300mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. There should be documentation of pain relief, and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker carries diagnoses of radiculitis and complex regional pain syndrome and there is noted pain improvement from 10/10 to 6/10 with current medications. Gabapentin is a first line agent for neuropathic pain conditions. This request is reasonable and medically necessary.

Lidoderm patches 5% #30: 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): Lidoderm (lidocaine patch).

Decision rationale: Regarding Lidoderm patches, the California MTUS Chronic Pain Medical Treatment Guidelines recommend use for localized peripheral pain after evidence of a trial of first line therapy. This is not a first line treatment and is only approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker does not maintain a diagnosis of post-herpetic neuralgia. Furthermore, there is no significant functional improvement noted; per MTUS this means significant improvement in activities of daily living and/or reduction in work restrictions attributed to the Lidoderm patch. As such, this request is not medically necessary.

Dextroamphetamine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR - Adderall.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/mtm/dexedrine.html.

Decision rationale: Per drugs.com, dextroamphetamine is a central nervous system stimulant. It is used to treat narcolepsy and attention deficit hyperactivity disorder. There is no mention of attention deficit hyperactivity or narcolepsy within the submitted records. This request is therefore not medically necessary.

Aqua therapy 2x wk x 4 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Physical Medicine Guidelines.

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

Decision rationale: CA MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. There is noted aqua therapy in the past, at least 12 total sessions completed with benefit. However, the request as submitted will grossly exceed the guidelines and there is no specific documentation of how previous therapy reduced pain using validated measures, or improved function, ability to perform activities of daily living, and/or reduced work restrictions. This request is therefore, not medically necessary.