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| Case Number: | CM15-0028074 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 09/29/2001 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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 66 year old female, who sustained a work related injury on 9/29/01. The diagnoses have included medial meniscus tear, patellar chondromalacia, left knee sprain, lumbar disc narrowing, left plantar fasciitis and left ankle sprain. Treatments to date have included Voltaren gel, oral pain medication Tylenol #3, MRIs of lumbar spine and left knee, left knee surgery and postoperative physical therapy. In the PR-2 dated 1/27/15, the injured worker complains having fallen down this morning and landing on her left knee and twisting her left ankle. She reports that the pain in her low back, left knee and ankle are improved with the use of the Voltaren gel and Tylenol #3. She states that she can function better with the medications. She has tenderness upon palpation of the left knee joint. She has some mild swelling in the left ankle. On 1/20/15, Utilization Review modified requests for Voltaren gel #3 1% 100gm. with 2 refills to Voltaren gel #3 1% 100gm. with 0 refills and Tylenol #3 #120 with 2 refills to Tylenol #3 #90. The California MTUS, Chronic Pain Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel #3 1% 100g with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The attached medical record indicates that the injured employee has had gastric upset with the use of oral NSAIDs and has found the use of Voltaren gel beneficial for knee and ankle pain. While topical NSAIDs are not recommended for use on the knee they made be beneficial for the injured employees diagnosis of plantar fasciitis and a left ankle sprain. Considering the issues with oral NSAIDs and the injured employees current symptoms, this request for Voltaren gel is medically necessary.

Tylenol #3 #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Chronic) Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 35.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals no documentation to support the medical necessity of Tylenol with Codeine. The attached medical record does not have documentation that there is any increased ability to function or perform activities of daily living with the usage of this medication. As such, this request for continued use of Tylenol with Codeine is not medically necessary.