

<b>Case Number:</b>	CM15-0035370		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 injured worker is a 42 year old male, who sustained an industrial injury on 10/06/2012. He has reported pain in the right wrist and bilateral knee pain. The diagnoses have included left carpal tunnel syndrome; traumatic brain injury; and bilateral knee injuries. Treatment to date has included medications and surgical intervention. Medications have included Norco, Valium, and Diclofenac. A progress note from the treating physician, dated 02/11/2015, documented a follow-up visit with the injured worker. The injured worker reported persistent pain in the right wrist, right thumb at the distal joint; and bilateral knee pain. Objective findings included tenderness to palpation of the right hand; left positive Tinel's and carpal tunnel compression tests; and tenderness to palpation in the lower lumbar spine. Request is being made for prescription medications and for orthopedic follow-up. On 02/19/2015 Utilization Review noncertified a prescription for Norco 5/325 with 6 refills (quantity unspecified); noncertified a prescription for Voltaren Gel 1%; and modified a prescription for Follow up with [REDACTED] Orthopedic, to Follow Up with Orthopedic regarding Right Hand. The CA MTUS, ACOEM and the ODG were cited. On 02/25/2015, the injured worker submitted an application for IMR for review of a prescription for Norco 5/325 with 6 refills (quantity unspecified); Voltaren Gel 1%; and Follow up with [REDACTED] Orthopedic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 with 6 refills (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 5/325 with 6 refills (quantity unspecified) is not medically necessary and appropriate.

**Voltaren Gel 1%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc.) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment as in this chronic injury. Submitted reports have not demonstrated significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID nor is there a contraindication to an oral NSAID use for this patient. The Voltaren Gel 1% is not medically necessary and appropriate.

**Follow up with [REDACTED] Orthopedic: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical and imaging findings consistent with a surgical lesion to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to surgical intervention. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care. The Orthopedic surgery consultation for left knee is not medically necessary and appropriate.