

Case Number:	CM15-0040685		
Date Assigned:	03/10/2015	Date of Injury:	07/31/2012
Decision Date:	04/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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 57-year-old female, who sustained an industrial injury on July 31, 2012. She reported a trip and fall incident causing her to land on her elbows and knees. She reported initial pain in the neck, shoulder, elbows, low back, knees, right ankle and foot. The injured worker was diagnosed as having cervical sprain/strain, cervical radicular syndrome, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, lumbar sprain/strain, bilateral knee sprain/strain, and ankle sprain/strain. Treatment to date has included magnetic resonance imaging, x-rays, medications, electrodiagnostic studies, two lumbar epidurals, and pain shots, aqua therapy, and acupuncture. On September 23, 2014, she complains of constant pain in the neck, bilateral shoulders, bilateral elbows, low back, knees, and right ankle and foot. She experiences numbness and tingling in all reported areas of pain. She indicates pain medications only temporarily relieve her pain. The records indicate she has been utilizing Voltaren gel and Norco since February 4, 2014. Physical findings are revealed as hypersensitivity to the neck area, decreased range of motion to bilateral shoulders, negative Tinel's at the wrist and elbow, normal limits range of motion of ankles, decreased range of motion of bilateral knees, and negative sitting root and straight leg raise testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel: Upheld

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

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

Decision rationale: With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." The use of Voltaren gel has exceeded 12 weeks and is therefore not medically necessary.

Hydrocodone (Norco) APAP 10/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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 non-adherent) 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 to include the most recent note dated November 5, 2014, reveals no documentation to support the medical necessity of Norco 10/325 mg nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. While Norco was stated to be helpful, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.

