

Case Number:	CM15-0051728		
Date Assigned:	03/25/2015	Date of Injury:	11/22/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/19/2015

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: Preventive Medicine, Occupational Medicine

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 55-year-old female who sustained an industrial injury on 11/22/13. The injured worker reported symptoms in the right hip and right knee pain. The injured worker was diagnosed as having right knee advanced chondromalacia patellae and arthritis patellofemoral joint space. Treatments to date have included oral pain medication, topical ointment, and oral muscle relaxant. Currently, the injured worker complains of right hip and right knee pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines allow for adjustments and the judicious use of opioids if there is at least partial pain relief and functional support. The Guidelines also call for careful documentation of how an opioid is being utilized and how much pain relief is afforded for how long. These Guideline standards are not met. Despite increasing amounts of Hydrocodone there is no evidence provided of meaningful pain relief associated with use. There is also no documentation detailing how the medication utilized by the individual. Under these circumstances, the Norco 10-325 #120 is not supported by Guidelines and is not medically necessary.

Voltaren Gel 1%: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Treatment Guidelines Knee-Topical NSAIDs.

Decision rationale: MTUS Guidelines provide little support for the long-term use of topical NSAIDs for the knee, however this recommendation has been superseded by more recent studies and ODG Guidelines reflect this update. ODG Guidelines note that oral and topical NSAIDs have the same long-term efficacy and if there are risk factors to avoid oral NSAIDs, a topical preparation would be preferred. This individual meets these criteria, as oral NSAIDs would be best avoided to due cardiovascular disease. Under these circumstances, the Voltaren gel 1% is medically necessary and supported by up-to-date Guidelines.