

Case Number:	CM14-0122572		
Date Assigned:	08/06/2014	Date of Injury:	12/18/2012
Decision Date:	10/17/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 51 year old injured worker who sustained an injury on 12/18/2012. The mechanism of injury was not noted. In a progress noted dated 7/14/2014, the patient complains of pain in low back and left hip. His pain is about the same as before. He has no new symptoms to report at this time. The medications are helping his pain. On a physical exam dated 7/14/2014, there was tenderness to palpation noted over the lumbar paraspinal musculature, sacroiliac joint region, and left greater trochanteric bursa region. There was also tenderness to palpation over the left hip scars and left thigh region. The diagnostic impression shows lumbago, sacroiliac joint dysfunction, left greater trochanteric bursitis, left hip and thigh pain. Treatment to date: medication therapy, behavioral modification, TENS unit, and HEP. A UR decision dated 7/29/2014, denied the request for Voltaren Gel 1% #40g x 5 was denied, stating there was little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip, or shoulder. Colace 100mg #60 was denied, stating there is no documentation of current opioid use; Lidoderm patch 5% #30 was denied, stating there was no documentation of prior failure of 1st line oral agents; and Naproxen sodium 550mg #60 was denied, stating that no documentation of functional improvement was noted through prior long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 40gm 5 refills: Upheld

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

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

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as ankle, elbow, foot, hand, knee, and wrist, and has not been evaluated for treatment of the spine, hip or shoulder. In the 7/14/2014 progress report, this patient is noted to be on Naproxen 550. Furthermore, guidelines do not recommend treatment to the hip, and this patient is diagnosed with left hip and thigh pain. Therefore, the request for Voltaren Gel 1% 40g x 5 is not medically necessary.

Colace 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. The Food and Drug Administration (FDA) states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients, who should not strain during defecation; evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. In the 7/14/2014 progress report, there was no evidence that this patient is on opioid therapy. Therefore, the request for Colace 100mg #60 is not medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Official Disability Guidelines (ODG) states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In the 7/14/2014 progress report, there was no evidence of failure of a 1st line oral analgesic such as Gabapentin or Lyrica. Therefore, the request for Lidoderm patch 5% #30 is not medically necessary.

Naproxen Sodium 550mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the 7/14/2014 progress report, there was no evidence of objective functional improvement noted with the analgesic regimen, and the patient is noted to be on Naproxen since at least 4/3/2014. Therefore, the request for Naproxen 550mg #60 is not medically necessary.