

Case Number:	CM14-0210784		
Date Assigned:	12/23/2014	Date of Injury:	06/05/2012
Decision Date:	02/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 51-year-old man who sustained a work related injury on June 5, 2012. Subsequently, he developed chronic knees pain. According to the follow-up report dated November 7, 2014, the patient reported severe pain (without treatment) on a regular basis. The pain was described as aching and stabbing. The patient has tried conservative options such as simple analgesics and physical therapy but these were not helpful overall or did not last in regards to pain reduction or functional improvement. He noted that he had TKA and the left knee does pretty well. He noted that the right knee was causing him problems and he reported that it swells and he has fluid collection that needs to be drained. He reported that he has back and hip pain as well. Examination of the bilateral upper extremities, bilateral lower extremities, and the spine revealed a normal appearance of the extremities. Palpation of the region revealed prominent areas of tenderness in the region concordant with the patient's described area of pain. Deep palpation resulted in distal radiation of the pain. There is reduced range of motion. Muscle strength was normal in the spine and extremities. Patient was not able to toe and heel walk. The patient did have palpable taut bands in the area of the pain. It appeared to have soft tissue dysfunction and spasm in the lumbar paraspinal and gluteal region. Romberg test was normal. Deep tendon reflexes were grossly within normal limits. Sensation of the region revealed allodynia and hypersensitivity throughout the affected area. The patient was diagnosed with chronic pain syndrome, internal derangement of knee, pain in limb, reflex sympathetic dystrophy of the lower limb, and encounter of long-term use of other medications. The provider requested authorization for Right saphanous nerve block, Voltaren XR, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right saphanous nerve block x3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Femoral nerve block. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, femoral nerve block : Recommended. A femoral nerve block can interrupt sensory impulses from the hip joint and provide complete pain relief without affecting the central nervous system, thus making preoperative care easier and postoperative rehabilitation can be started earlier. Femoral nerve block provides adequate pain relief, equivalent to pharmacological treatment in most patients. In one clinical trial, the time for postoperative mobilization was shorter and less temporary confusion was seen. There were no complications, making nerve block a good alternative to traditional pharmacological preoperative treatment for patients with hip fractures. (Kullenberg, 2004. There is no documentation of saphenous nerve pain that is candidate for a peripheral nerve block. Therefore, the request is not medically necessary.

Voltaren XR 100mg #30 (with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non selective NSAIDs Page(s): 107.

Decision rationale: According to MTUS guisdelines, Diclofenac Sodium ER is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Diclofenac Sodium ER (Voltaren) 100mg Qty: 30 with 2 refills is not medically necessary.

Norco 10/325mg #30 (with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #30 with 2 refills is not medically necessary.