

Case Number:	CM14-0216211		
Date Assigned:	01/06/2015	Date of Injury:	06/28/2000
Decision Date:	02/23/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/24/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56-year-old female, with a reported date of injury of 06/28/2010. The results of the injury were left ankle pain and left leg pain. The current diagnoses include left ankle pain, chronic tendinopathy, and left leg pain. The past diagnoses include left ankle pain, chronic tendinopathy, left knee pain, and left leg pain. Treatments have included Motrin 200mg, and Mobic 7.5mg. The progress note dated 11/21/2014 was somewhat illegible. It was noted that the injured worker was unable to walk or stand for a prolonged period of time. The objecting findings included left ankle pain, left leg pain, and left knee pain. The injured worker was temporary total disabled. On 12/01/2014, Utilization Review (UR) denied the request for Voltaren 1% gel #100, Mobic 7.5mg #30, and Flector patch 1.3% #30. The UR physician noted that the rationale for prescribing more than one medication from the same drug class was not documented, and there was no documentation of objective functional improvement with the continued use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 percent # 100: 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 Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Voltaren gel is indicated for use in osteoarthritis of the knees and ankles. In this case, the claimant did not have osteoarthritis. In addition, she was given numerous other analgesics; there is insufficient evidence to support the use of topical analgesics. In addition, the length of use of Voltaren was not specified. The request for Voltaren gel is not medically necessary.

Flector Patches 1.3 percent # 30: 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) Pain (Chronic)

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The claimant was given Flector with another topical NSAID- Voltaren. There is limited evidence to support long-term use of Flector. Particular location for application of Flector was also not specified. The Flector patch is not medically necessary.

Mobic 7.5 mg, QD # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic) NSAIDs.

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

Decision rationale: NSAIDs are indicated for osteoarthritis of the knee and hip as well as acute exacerbations of chronic back pain. In this case, the claimant did not have the above. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Mobic for several months. The claimant had used it with several topical NSAIDs which have been shown to have similar absorption as oral NSAIDs. The claimant required a PPI to protect from GI symptoms while on Mobic. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Mobic is not medically necessary.