

Case Number:	CM14-0072650		
Date Assigned:	07/16/2014	Date of Injury:	04/23/2010
Decision Date:	05/27/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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, Alabama, 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 injured worker is 42 year old male, who sustained an industrial injury on April 23, 2010. The injured worker has been treated for back, right knee and right ankle complaints. The diagnoses have included chronic right ankle pain, chronic right foot numbness, pain in the joint involving the ankle and foot, chronic right knee pain, chronic low back pain, lumbar spinal stenosis, lumbar degenerative disc disease, lumbar spondylosis, chronic pain syndrome, chronic right leg radicular symptoms and depression secondary to the industrial injury. Treatment to date has included medications, radiological studies, physical therapy, individual psychotherapy and two right ankle surgeries. Current documentation dated March 26, 2014 notes that the injured worker reported back pain and right ankle pain, burning and swelling. Examination of the low back revealed moderate to severe pain, which radiated to the right lower extremity. Associated symptoms include burning and numbness. Range of motion was noted to be painful and decreased. Examination of the right ankle revealed tenderness and a decreased range of motion. The treating physician's plan of care included a request for Norco 5/325 mg #120 and Voltaren gel 100 gm #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #120: Upheld

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

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. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 5/325 mg #120 is not medically necessary.

Voltaren gel 100 gm #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (page 111), NON SELECTIVE NSAIDS, page(s) 107.

Decision rationale: Voltaren Gel (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical and lumbar spine pain, shoulder and knee pain. There is no evidence of right lower extremity osteoarthritis. Therefore request for Voltaren gel 100 gm #5 is not medically necessary.

