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| Case Number: | CM15-0010500 | | |
| Date Assigned: | 01/28/2015 | Date of Injury: | 09/08/2007 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 9/8/2007. The injured worker has complaints of knee pain that has increased with the cold weather associated with numbness. The diagnoses have included knee surgery; obesity, unspecified; lumbosacral or thoracic neuritis and lumbar sprain/strain. Treatment to date has included left knee intra-articular corticosteroid injections, left pes anserinus bursa corticosteroid injection, physical therapy, tramadol that gives her some relief of her pain and medication. According to the utilization review performed on 1/12/15, the requested Norco 5/325mg #30 and Voltaren gel 1% #5 x 3 refills has been non-certified. Utilization review noted that based on prior review, the claimant should have already been completely weaned from opioids and there was no evidence of objective functional benefit with prior opioids use. Without the aforementioned documentation, and due to non-compliance with medications guidelines, the medical necessity of this medication was not established. There was no documentation of failed trials of oral Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Chronic Pain Medical Treatment Guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient has chronic bilateral, moderate to severe knee pain. The current request is for Norco 5/325mg #30. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patients decreased pain, increased level of function, or improved quality of life. The 4A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The 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 for documentation of the clinical use of these controlled drugs." In this case, there is no documentation for continued opioid usage and there is no discussion indicating any adverse side effects or aberrant drug behaviors. The available records fail to provide risk assessment profile, or evidence of objective functional benefit or pain profile with and without opioid medication. The MTUS requires much more thorough documentation for continued opioid usage. As such my recommendation is for denial.

Voltaren gel 1% #5 x 3 refills: Overturned

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): 111-113.

Decision rationale: The patient has chronic bilateral, moderate to severe knee pain. The current request is for Voltaren Gel 1% #5 x 3 refills. Voltaren Gel is a topical non-steroidal antiinflammatory. The MTUS guidelines does recommend topical analgesics as an option. Specifically regarding Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations.

(Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, the attending physician has noted the patient has suffered an exacerbation related to colder weather. As the patient is not taking oral NSAIDs the physician has elected to prescribe topical NSAIDs. The patient has a diagnosis of osteoarthritis of the knees and topical analgesics, such as Voltaren are recommended by the guidelines. As such, recommendation is for authorization.