

Case Number:	CM15-0113060		
Date Assigned:	06/19/2015	Date of Injury:	08/03/2006
Decision Date:	07/27/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, 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 81 year old male, who sustained an industrial injury on 08/03/2006. He reported developing low back pain after being involved in a motor vehicle accident on his bus route. The injured worker is currently not working. The injured worker is currently diagnosed as having severe degeneration of the right knee, lumbar spine sprain/strain, and right cerebrovascular accident. Treatment and diagnostics to date has included right knee arthroscopy, lumbar epidural steroid injection, consistent urine drug screen, and medications. In a progress note dated 04/02/2015, the injured worker presented with complaints of severe right knee pain and instability with several falls and buckling of the right knee. He rated his pain 7/10 on the pain scale and states a 50% improvement in pain levels and function with the use of medications. Objective findings include lumbar paraspinal tenderness without palpable muscle spasm and exquisite tenderness over the right knee with swelling. The treating physician reported requesting authorization for Norco for moderate to severe pain and Voltaren gel for severe right knee osteoarthritis. The medication list include Norco, Percocet and Voltaren gel. The patient's surgical history include total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80, CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids.

Decision rationale: Request: Norco 10/325 mg #60. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids (like tramadol) and other non opioid medications without the use of norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 mg #60 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued , the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Voltaren gel 1% #500 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac, topical treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Voltaren gel 1% #500 grams. Voltaren Gel is Diclofenac sodium topical gel that contains the active ingredient diclofenac diethylamine in the strength 11.6 mg/g (1.16% w/w) and nonmedicinal ingredients include carbomer, cocoyl caprylocaprata, diethylamine, isopropyl alcohol, liquid paraffin, macrogol cetostearyl ether, perfume, propylene glycol, purified water. According to the MTUS Chronic Pain Guidelines regarding topical analgesics

state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Also, a doctor's note or prescription with the details of the medications prescribed or recommended was not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The medical necessity of Voltaren gel 1% #500 grams is not established for this patient.