

Case Number:	CM15-0117584		
Date Assigned:	06/25/2015	Date of Injury:	07/01/2014
Decision Date:	09/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 a 53 year old male, who sustained an industrial injury on July 1, 2014. The injury occurred while the injured worker was working as a garden associate. The injured worker was cutting plastic wrap when the knife slipped and stuck his left forearm causing a laceration. The diagnoses have included left forearm laceration, left forearm pain, extremity pain and an open wound of the elbow, forearm and wrist without complication. Treatment to date has included medications, radiological studies, topical analgesics and electrodiagnostic studies. The electrodiagnostic studies done on 1/19/2015 were noted to be normal. Current documentation dated May 26, 2015 notes that the injured worker reported left forearm laceration pain rated a 1 out of ten on the visual analogue scale with medications. The documentation supports that the injured worker was using Voltaren gel for pain, which has made a huge difference in his pain control. Examination of the left forearm revealed a well-healed scar located at the left medial forearm extending into the anterior aspect of the forearm. Deep tendon reflexes were 1/4 in the bilateral upper extremities. A Hoffman's sign was absent. Sensation was diminished to light-touch over the scar area on the left forearm. The injured worker was noted to be working full-duty, but was using his right arm more preferentially. The treating physician's plan of care included a request for Voltaren gel 1% 4 grams to the left forearm as needed # 3 with 1 refill and Norco 5/325 mg as needed # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1 tab 2 times daily as needed #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. In this case, the documentation noted improvement in the injured workers pain level and improvement in function with medications. The injured worker was noted to be working full duties. Therefore, the request for Norco 5/325 mg 1 tab 2 times daily as needed # 60 is medically necessary.

Voltaren 1% Gel apply 4 grams to the left forearm as needed #3 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. MTUS guidelines recommend Diclofenac for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The documentation supports that the Voltaren gel has been effective in pain control and the injured worker was noted to be working full-duties. Therefore, the request for Voltaren gel 1% apply 4 grams to the left forearm as needed # 3 with 1 refill is medically necessary.