

Case Number:	CM15-0118125		
Date Assigned:	06/26/2015	Date of Injury:	02/28/2011
Decision Date:	09/21/2015	UR Denial Date:	06/08/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for chronic low back, knee, and heel pain reportedly associated with an industrial injury of February 28, 2011. In a Utilization Review report dated June 6, 2015, the claims administrator failed to approve requests for Norco, glucosamine-chondroitin, Rozerem, and Flector patches. The claims administrator referenced progress notes dated April 16, 2015, February 3, 2015, and January 5, 2015 in its rationale. On an RFA form of April 16, 2015, Norco, Flector patches, Rozerem, glucosamine-chondroitin, and a knee injection were sought. In an associated progress note of April 16, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of knee and heel pain with associated crepitation. The note was very difficult to follow and not altogether legible. The applicant was not working, it was acknowledged, following imposition of permanent work restrictions by a medical-legal evaluator. The applicant was asked to continue Norco, Flector, glucosamine-chondroitin, and Rozerem, it was reported. The applicant was given diagnoses of plantar fasciitis and knee arthritis. No seeming discussion of medication efficacy transpired on this date. On February 13, 2015, the applicant was again given diagnoses of knee arthritis and plantar fasciitis. Viscosupplementation injection therapy was sought. The attending provider stated that previous viscosupplementation injections had ameliorated the applicant's ability to stand and walk. Medication selection and medication efficacy were not discussed or detailed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch, quantity of one with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Voltaren Gel 1% (diclofenac) Page(s): 7; 112.

Decision rationale: No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical diclofenac (Voltaren). While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical diclofenac/Voltaren/Flector is indicated in the treatment of knee arthritis, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the handwritten progress notes of April and February 2015 were difficult to follow, thinly developed, not altogether legible, and did not establish clear or compelling evidence of medication efficacy or functional improvement with ongoing Flector use in terms of the parameters established in MTUS 9792. 20e. The fact that the applicant remained off of work and remained dependent on opioid agents such as Norco, however, strongly suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite on going Flector usage. Therefore, the request was not medically necessary.

Rozarera 8 mg, thirty count with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, (3) Melatonin-receptor agonist.

Decision rationale: The request for Rozerem, a sleep aid, was not medically necessary, medically appropriate, or indicated here. While ODGs Mental Illness and Stress Chapter Insomnia Treatment topic does acknowledge that melatonin receptor agonists such as Rozerem are not scheduled and have no abuse potential, the favorable ODG position on usage of Rozerem for insomnia is nevertheless qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the handwritten progress note of April 16, 2015 was thinly and sparsely developed, difficult to follow, not entirely legible, and did not incorporate any seeming discussion of medication efficacy. It was not clearly stated whether or not ongoing use of Rozerem had or had not proven effectual here. Therefore, the request was not medically necessary.

Glucosamine/Chondroitin 500/400 mg, ninety count with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The request for glucosamine-chondroitin was medically necessary, medically appropriate, and indicated here. As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine-chondroitin is recommended as an option, given its low risk, in the treatment of pain associated with knee arthritis. Here, the applicant did have ongoing issues with knee arthritis, it was reported on progress notes of February and April 2015. Usage of glucosamine-chondroitin was indicated to combat the same. While the attending provider's documentation did seemingly fail to incorporate much in the way of discussion of medication efficacy insofar as glucosamine-chondroitin (or other medications) was concerned, in this case, however, the nonprescription nature and low risk of glucosamine-chondroitin usage for knee arthritis, the operating diagnosis present here, outweighed the attending provider's failure to incorporate some discussion of medication efficacy into his April 16, 2015 progress note. Therefore, the request was medically necessary.

Norco 5/325 mg, sixty count with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on April 16, 2015. The attending provider failed to outline quantifiable decrements in pain and/or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.