

Case Number:	CM15-0164792		
Date Assigned:	09/28/2015	Date of Injury:	11/27/2001
Decision Date:	11/03/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 a 55 year old male, who sustained an industrial injury on 11-27-2001. The injured worker is being treated for bilateral knee strain left worse than right status post left knee arthroscopy (7-26-2002), right knee arthroscopy (9-2002) and left total knee replacement (6-23-2009), knee osteoarthritis and joint pain. Treatment to date has included surgical intervention, diagnostics, medications, muscle stimulator, and physical therapy. Per the Progress Report dated 7-02-2015, the injured worker presented for orthopedic follow-up evaluation of the left knee following Celebrex trial. He reported considerable improvement symptoms. Objective findings included no signs or symptoms of infection of the left knee. Palpation reveals no warmth. Active range of motion is 0-70 degrees and distal neurovascular is intact. Per the Primary Treating Physician's Progress Report dated 7-01-2015 the injured worker presented for reevaluation of the left knee. He reported improvement in symptoms since the last visit. He states significantly decreased swelling and pain allowing him to be more functional with Celebrex. There is not documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the use of Norco or Voltaren gel. He also reported low back pain. Work status was temporarily totally disabled. The plan of care on 7-01-2015 included and authorization was requested on 7-09-2015 for Norco 10-325mg #180, Voltaren gel, muscle stimulator supplies and Celebrex. On 7-23-2015, Utilization Review non-certified the request for Norco 10-325mg #180 and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since 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 patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term opioids without significant functional improvement therefore the request for continued Norco is not medically necessary.

Unknown prescription of Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Unknown prescription of Voltaren gel is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% (diclofenac) is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The MTUS does not support this gel long term. The patient has already been using this topical gel and the request does not specify a quantity. The request for Voltaren gel cannot be certified as medically necessary.