

Case Number:	CM15-0092770		
Date Assigned:	05/19/2015	Date of Injury:	08/03/2006
Decision Date:	06/24/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/13/2015

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 81-year-old who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of August 3, 2006. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve requests for Norco and topical Voltaren gel. The claims administrator referenced a RFA form of April 6, 2015 and associated progress note of April 2, 2015 in its determination. The applicant's attorney subsequently appealed. On April 2, 2015, the applicant reported ongoing complaints of severe knee pain with tendon instability. The applicant had been given 32% permanent disability award, it was incidentally noted. 5/10 pain with medications versus 7/10 pain without medications was reported. The attending provider stated that the applicant's ability to brush his teeth, shave, and perform meal preparation have been ameliorated as of result of medication consumption. Norco and Voltaren were renewed. The applicant's work status was not furnished, although it did not appear that the applicant was working. A knee brace was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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

Decision rationale: No, 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 not working, it was suggested above, following receipt of 32% permanent disability award, it was suggested above. Moderate-to-severe pain complaints were noted. While the attending provider did recount some low reduction in pain scores from 7/10 to 5/10 reportedly effected as result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work, and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of the ongoing medication consumption, including ongoing Norco usage. The attending provider's commentary to the fact that that applicant's ability to perform activities of self care and personal hygiene as a result of ongoing medication consumption, including meal preparation, brushing his teeth, shaving, etc., did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Voltaren Gel 1% #550gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the request for topical Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren is indicated in the treatment of knee arthritis, i.e., the primary operating diagnosis present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medications into his choice of recommendations. Here, however, the applicant seemingly remained off of work, despite ongoing Voltaren usage. The applicant continued to report moderate-to-severe pain complaints, despite ongoing usage of topical Voltaren. The applicant continued to report issues with knee instability, standing, walking, and lying, despite ongoing Voltaren usage. Ongoing usage of Voltaren failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Voltaren gel. Therefore, the request was not medically necessary.

