

Case Number:	CM13-0006732		
Date Assigned:	12/18/2013	Date of Injury:	05/22/1998
Decision Date:	01/23/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas and California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 57-year-old female with a reported date of injury of 9/22/98. The mechanism of injury was due to repetitive trauma to the shoulders. She was seen on 1/30/13 for persistent pain with mildly restricted movements of the cervical spine. She had strength in the major muscle groups of the left and right upper extremities rated at 4/5, and her deep tendon reflexes were normal and symmetrical. She obtained a refill on her Flector patch at that time. She was seen back in clinic on 7/31/2013 for continued pain, and got refills for her medications at that time. A medical evaluation occurred on 9/12/13, at which time it was noted that she was not taking any medications for musculoskeletal complaints. Diagnoses included chronic pain, brachial plexus lesion, mononeuritis of unspecified site, pain in the shoulder joint, spinal stenosis of the cervical region, cervicalgia, and unspecified disorders of the bursa and tendon of the shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 60 Flector patches, 1.3% with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 63-73.

Decision rationale: The MTUS chronic pain guidelines, in discussing nonsteroidal anti-inflammatory drugs (NSAIDs), states this class of medication may be "recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal (GI), cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function." The records indicate that this claimant is not currently on this medication; however, the records indicate that, while she was on this medication, no specific liver function or renal function tests were obtained to demonstrate that this medication was not a cause of adverse events for her. Also, the records do not indicate this medication being helpful to this claimant, as she continued to report pain. The MTUS Chronic Pain Guidelines advocate use of nonsteroidal anti-inflammatories with caution as they may cause significant cardiovascular, renal, liver, or GI symptoms. The records are silent after 9/12/13, so the current status of this claimant is unknown, as well as whether she requires this medication or not. The records do not indicate that she is in significant pain at this time, nor do the records indicate she has significant information in which this medication would be supported. Therefore, this request is non-certified.