

Case Number:	CM13-0029509		
Date Assigned:	11/01/2013	Date of Injury:	11/25/1999
Decision Date:	08/01/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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:

The injured worker is a 55-year-old male who was reportedly injured on November 25, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated August 30, 2013, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. Current medications were stated to include Avinza, Norco, Flector patches and Prinzide. The physical examination demonstrated an antalgic gait. There were spasms and tenderness along the thoracic and lumbar spine. There was a positive right-sided straight leg raise test sitting at 45 and supine at 50. Trigger points were identified with radiating pain and a twitch response at the lumbar paraspinal muscles. Lower extremity muscle strength was rated at 4/5. No sensory deficits were noted. Diagnostic objective studies noted neuroforaminal narrowing at L4-L5 and annular disc bulging at L2-L3, L3-L4 and L4-L5. The current treatment plan included prescriptions of Hydrocodone, Flector patches and Lyrica. A request had been made for Norco and Flector patches and was not certified in the pre-authorization process on September 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OPIOIDS, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has complaints of from chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. Additionally, there has been a prior urine drug screening within consistent findings. As such, this request for Norco is not medically necessary.

FLECTOR 1.3.% ADHESIVE PATCH #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, Flector patches (Diclofenac Epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: Flector patches (Diclofenac Epolamine) are not recommended for first-line treatment. This medication is intended for usage to treat osteoarthritis after first-line agents such as oral anti-inflammatories have been shown to be ineffective or are contraindicated. The attached medical record did not contain any documentation of this. This request for Flector patches is not medically necessary.