

Case Number:	CM13-0030803		
Date Assigned:	01/10/2014	Date of Injury:	11/16/2004
Decision Date:	03/20/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/01/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in 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:

The patient is a 69-year-old female with a date of injury of 11/16/04. The listed diagnoses are history of cervical sprain/strain with underlying rather severe spondylosis, history of nonindustrial diabetic neuropathy, hypertension, hyperlipidemia, history of renal insufficiency, history of recent craniotomy due to aneurysm, clipping at the ACA artery with a history of transient ischemic attack (TIA) event with short-term memory loss and left-sided facial weakness with development of headaches, ongoing headaches (possibly cervicogenic) and migraine. According to a report dated 9/3/13, the patient continues to suffer from constant neck pain and muscle tension. The patient states that she gets a cramping sensation down her left shoulder blade at times. She also states she has frequent tension headaches on the left side base of her skull that radiate behind her left eye. The patient states that medications give her relief. She states that she has been more functional with regards to her activities of daily living. The patient is using Flector patches for shoulder pain, and occasional Lortab (anywhere from 1-2 a day) to help manage her pain. It is noted that the patient is not able to tolerate oral NSAIDS as they upset her stomach. Examination findings show that the patient has limited range of motion in the neck. She can rotate right to left to about 15 degrees; flexion and extension are at 20 degrees. Cervical compression causes some neck pain that radiates down the left shoulder blade area. Hoffmann's sign is negative. Motor strength, sensation and deep tendon reflexes are grossly intact in the upper extremities. Palpation reveals some rigidity, suggesting spasm along the left cervical paraspinal and cervical trapezius muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Flector patches 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The MTUS Guidelines state that topical nonsteroidal anti-inflammatory agents have inconsistent efficacy in clinical trials. Topical NSAIDS have been shown at meta analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendonitis, especially on the knee and elbow, or other joints that are amenable to topical treatment. In this case, this patient does not meet the indication for this topical medication as she does not present with any osteoarthritis or tendonitis symptoms. The requested Flector patches are not medically necessary, and recommendation is for denial.

60 Lortab 10/500mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: Medical records provided for review are not clear as to when exactly this patient was first prescribed this medication. However, seeing that the progress report dated 2/14/13 requests a refill of Lortab, it can be assumed that the patient has been taking this medication prior to that date. The MTUS guidelines require documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4 A's (analgesia, activities of daily living, adverse side effects, and adverse behavior) are required. Furthermore, guidelines also recommend documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, etc. In this case, the treating physician states that the patient takes anywhere from 1-2 Lortab a day to help manage her pain. Progress reports dated 2/14/13, 5/9/13, 7/9/13, and 9/3/13 all document the patient's decrease in pain with Lortab. The patient is also noted to increase her activities of daily living and states she has been more functional with her activities with this medication. In this case, the patient cannot tolerate oral NSAIDS as they upset her stomach. The patient is utilizing Lortab occasionally to help manage her pain. Progress reports showed that patient is prescribed refills of this medication every 2 to 3 months. Given the efficacy of the medication and the fact that the patient is not on any other medication, the request is certified.

