

Case Number:	CM13-0055171		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2001
Decision Date:	03/21/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pain Management 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:

This is a patient with a date of injury of 5/8/01. A utilization review determination dated 11/1/13 recommends non-certification of OxyContin and compound cream. The request for OxyContin was noted to be retracted via fax on 10/30/13 and Norco was to be provided instead. On 11/21/13, the provider noted mildly improved diffuse knee pain and increased weightbearing. ROM was 0-90 with mild pain and tenderness. X-rays shows progressive healing of a supracondylar humerus fracture [which is presumed to be an error and is supposed to reference a supracondylar fracture of the femur rather than the humerus]. Treatment plan included PT, Norco for pain control with pain management for long-term dosing, and evaluation with a bone density specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycontin between 10/10/2013 and 12/22/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79..

Decision rationale: Regarding the request for OxyContin, California MTUS Chronic Pain Medical Treatment Guidelines note that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the previous utilization review identified that the request for OxyContin was noted to be retracted via fax on 10/30/13 and Norco was to be provided instead. Subsequent medical reports appear to support that by identifying Norco rather than OxyContin in the treatment plan. Furthermore, there is no indication that the OxyContin was improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued, but there is no provision to modify the current request and it appears that the patient has not completely discontinued opioid use as there is ongoing use of Norco documented. In light of the above issues, the currently requested OxyContin is not medically necessary.

One prescription of Flurbiprofen 10%, Diclofenac 6% Indomethacin 6%, Lidocaine 5% compound cream between 10/10/2013 and 12/22/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for flurbiprofen 10%, diclofenac 6%, indomethacin 6%, and lidocaine 5% compound cream, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: 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. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Additionally, topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." That has also not been documented and topical lidocaine is supported only as a dermal patch per the CA MTUS. Furthermore, within the documentation available for review, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient or a clear indication for multiple concurrent NSAIDs, which is redundant. In light of the above issues, the currently requested flurbiprofen 10%, diclofenac 6%, indomethacin 6%, and lidocaine 5% compound cream is not medically necessary.