

Case Number:	CM14-0005782		
Date Assigned:	02/07/2014	Date of Injury:	09/13/2011
Decision Date:	07/11/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine, 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 36-year-old patient with a 9/13/11 date of injury. He was helping to carry a washing machine upstairs and his knee was sprained and suddenly became painful. In addition he injured his hip on 5/22/12. A 1/3/14 progress report indicated that the patient complained of left hip and knee pain. Objective findings demonstrated pain at the greater trochanter and in the superior, lateral gluteal region, limited range of motion with hip flexion 80 degrees, abduction 20 degrees and internal rotation. Left knee visual analog scale (VAS) score was 3/10 with limited range of motion. He was diagnosed with hip pain and knee pain. Treatment to date: massage and medication management. There is documentation of a previous 1/8/14 adverse determination. The request was modified from Vicodin 60 tablets to 30 tablets for tapering because discontinuation was recommended. Flector was modified from 60 tablets to 28 tablets, because there was no data to support Flector efficacy beyond two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN (HYDROCODONE/APAP) 5/500MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES
Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the injured worker has used Vicodin for a long time, and there was no documentation to support significant pain relief or functional gains. In addition, a prior Utilization Review recommended initiation of tapering of Vicodin, but there was no evidence that it was started. There was sparse information in the medical report as to the domains of ongoing opioid management, including monitoring for diversion, abuse, side effects or tolerance development. The California MTUS requires clear and concise documentation for ongoing opiate management, which was not provided in the medical records received. Therefore, the request for Vicodin (hydrocodone/APAP) 5/500MG #60 With 1 Refill as submitted, was not medically necessary.

FLECTOR (DICLOFENAC EPOLAMINE) 1.3% #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-112.

Decision rationale: The MTUS guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. The ODG indicates that Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. However, there was no documentation that the injured worker was not able to tolerate oral NSAIDs. In addition there was no documentation of acute sprains. Guidelines only support short-term use of Flector patches. Therefore, the request for Flector (Diclofenac Epolamine) 1.3% #60 with 1 Refill as submitted, was not medically necessary.