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| Case Number: | CM14-0100182 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 12/29/2003 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 Anesthesiology, 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 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:

According to the records made available for review, this is a 53-year-old female with a 12/29/03 date of injury. At the time (5/29/14) of request for authorization for Flector 1.3% patch of #30 and 1 prescription of Percocet 5/325mg #120, there is documentation of subjective (pain level increased since last visit, pain 7/10 with medications and 9/10 without medications, medications have been denied, but when used properly in past medications allow her to continue to work and complete activities of daily living) and objective (lumbar range of motion restricted and limited by pain, on palpation, paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band left greater than right on both sides, lumbar facet loading positive on both sides, straight leg raising test positive on left side in supine position, ankle jerk 2/4 on right and 1/4 on left, and patellar jerk 2/4 on right and 1/4 on left) findings, current diagnoses (lumbar facet syndrome, spinal/lumbar degenerative disc disease, and low back pain), and treatment to date (medications (including ongoing treatment with Ultram, Norco, Lidoderm Patch, Flexeril, Rozerem, Ambien, Toprol, and Valium) and physical therapy). Medical report identifies a signed pain narcotics agreement is on file and a plan to trial Percocet and Flector patch. Regarding Flector 1.3% patch of #30, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment, the intention to treat over a short course, failure of an oral non-steroidal anti-inflammatory drug (NSAID) or contraindications to oral NSAIDs, and a condition/diagnosis for which diclofenac epolamine (1.3%) is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Flector Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of lumbar facet syndrome, spinal/lumbar degenerative disc disease, and low back pain. In addition, there is documentation of a plan to start Flector patch. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and the intention to treat over a short course (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (acute strains, sprains, and contusions). Therefore, based on guidelines and a review of the evidence, the request for Flector 1.3% patch #30 is not medically necessary.

1 prescription of Percocet 5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment

intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar facet syndrome, spinal/lumbar degenerative disc disease, and low back pain. In addition, there is documentation of a plan to start Percocet. Furthermore, given documentation of a signed pain narcotics agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Percocet 5/325mg #120 is medically necessary.