

Case Number:	CM14-0107019		
Date Assigned:	08/01/2014	Date of Injury:	08/22/2008
Decision Date:	10/20/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/10/2014

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 Internal 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 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 61 year old male injured on 08/22/08 due to undisclosed mechanism of injury resulting in bilateral knee and low back pain. Diagnoses included right shoulder rotator cuff tear with retraction, superior labral tear from anterior to posterior (SLAP) lesion, acromioclavicular joint arthrosis, and impingement, left elbow contusion, lumbar spine sprain/strain, right knee tricompartmental osteoarthritis with osteochondral defect and medial meniscal tear, status post right knee arthroscopy, left knee osteochondral defect with medial and lateral meniscal tears, morbid obesity, and history of hypertension/psychiatric problems/sleep disturbance. Clinical note dated 05/13/14 indicated the injured worker presented complaining of low back pain rated 6/10 and bilateral knee pain with numbness rated 7/10. The injured worker reported previous Synvisc injection to the left knee resulted in slight decrease in pain. The injured worker also complained of bilateral shoulder pain rated 4/10, right greater than left. The injured worker utilized Norco and Flector patches which reduced pain to allow performance of some activities of daily living. Physical examination revealed antalgic gait, tenderness from thoracolumbar spine to base of pelvis, paralumbar musculature tight, buttock tenderness, tenderness on stress of pelvis, decreased range of motion, gross instability of lumbar spine, intact reflexes, no gross motor weakness in the lower extremities, intact sensation to bilateral lower extremities, mild sciatic stretch, patellar tracking abnormal to bilateral knees, positive patellar grinding, popliteal cyst absent, hamstring tenderness. Treatment plan included request for scooter and lift chair and prescription medication including Norco and Flector patches. The initial request was non-certified on 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As such, Norco 10/325mg is not medically necessary at this time.

Flector patch: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector patch

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drug (NSAID) or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such the request for Flector patch is not medically necessary at this time.