

Case Number:	CM14-0108420		
Date Assigned:	08/01/2014	Date of Injury:	04/05/2012
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/11/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 60 year old female on treatment for Cervical Radiculopathy; Lumbar Radiculopathy; Low Back pain; Pain in the joint of lower leg; Lumbar Facet Syndrome; Sacroiliitis; Sacroiliac pain; Spasms of muscles due to a work injury on 04/05/2011. The worker has continued to experience pain in the affected areas. The pain is 3/10 with medication but 7/10 without medications. The physical examination revealed loss of Lumbar lordosis; limitation in range of motion; paravertebral muscle spasms; negative straight leg raise; tenderness over the sacroiliac joint, and positive Lumbar facet Loading. Lumbar MRI of 7/16/2012 is positive for Facet and Disc Diseases. The worker is being treated with Flector 1.3%; Norco 10/325mg; Accupril; Docussate Sodium; Hydrochlorthiazied; Metformin; and Tessalon. In dispute is the request for Flector 1.3% Patch #30.

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 Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Flector patch (diclofenac epolamine).

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

Decision rationale: The Topical analgesics are considered experimental drugs for the treatment of neuropathic pain that has failed treatment with anticonvulsants and antidepressants. Although Topical Diclofenac is recommended for treatment of osteoarthritis pain of ankle, elbow, foot, hand, knee, and wrist; it is not recommended for treatment of the spine, hip or shoulder. Therefore the request is not medically necessary.

Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids:criteria for use Page(s): 78-80.

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

Decision rationale: The injured worker asked to increase the opioids during the 07/01/2014 visit due to increasing pain. During the 07/09/2014 visit, the injured worker was recommended to remain off work until 09/21/2014. It is evident the worker is not benefiting from the opioids. The MTUS recommends continuing opioids if: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. The injured worker does not meet the MTUS recommendations. Therefore the request is not medically necessary.