

Case Number:	CM14-0015465		
Date Assigned:	02/28/2014	Date of Injury:	04/05/2001
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family 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 patient is a 68 year-old woman who was injured at work on 4/5/2001. The injuries were primarily to her lower back and both shoulders. She is requesting review of a denial for ongoing use of Norco and Flector (diclofenac) Transdermal Patch. Medical records are notable for ongoing medical care for persistent pain in the back and shoulders. She has had extensive evaluation with multiple imaging studies and specialty consultations. She has also had a number of medical and surgical interventions to include: Physical Therapy, L4-5 Laminectomy, Epidural Steroid Injections, and Rotator Cuff Surgery. Prior medications have included: OxyContin, Percocet, Neurontin, Valium, Ambien, and Paxil. Ongoing diagnoses have included the following: Bilateral Bicipital Tendonitis, Adhesive Capsulitis, and Subacromial Bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 74-97

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines provide the criteria for the use of opioids for patients with chronic pain. Based on review of the records in this case, Norco is prescribed as part of the on-going management of this patient's chronic pain syndrome. The guidelines state that for on-going use of opioids, the treating physician's actions should include: review and documentation of pain relief, functional status, appropriate medication use, and side effects. There should be evidence of documentation of the "4 A's for On-Going Monitoring" (Page 78). Specifically, monitoring for pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is insufficient documentation in the records available for review that the treating physician has performed this level of monitoring. Given the insufficient documentation for the on-going use of Norco, the medication is not considered as being medically necessary.

FLECTOR 1.3% TRANSDERMAL PATCH #60 WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FLECTOR PATCH,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 111-113

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines provide the criteria for the use of topical analgesics such as a Flector Transdermal Patch. The guidelines state that the use of these drugs is largely experimental with few randomized controlled trials to determine efficacy or safety. Research on the use of topical Non-Steroidal Anti-Inflammatory Agents (NSAIDs) such as the Flector Transdermal Patch have demonstrated inconsistent efficacy; with a diminishing effect over a 2-week treatment period. Further, there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or the shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is "no evidence to support use." Under these conditions and based on the information in the medical records, there is no justification for the ongoing use of a Flector Transdermal Patch and the request is not medically necessary.