

<b>Case Number:</b>	CM14-0017329		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	10/12/2000
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 40-year-old female who reported an injury on 10/12/2000. The mechanism of injury was not provided for review. The injured worker was evaluated on 01/29/2014. This was the only clinical documentation submitted for review. The injured worker's medications included topical analgesics, Topamax, OxyContin, Flector patch, Trazodone, Flexeril. It was documented that the injured worker had 50% pain relief with medication usage and was able to participate in activities of daily living and care for her son. It was documented that the CURES report was reviewed; however, the results of that review were not stated within the documentation. The injured worker's treatment plan also included a urine drug screen; however, the history of urine drug screens to assess the injured worker for compliance was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR 1.3% PATCHES, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS AND NON-STEROIDAL ANTIINFLAMMATORY DRUGS (NSAID).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The Chronic Pain Guidelines do not recommend the use of topical non-steroidal antiinflammatory drugs (NSAIDs) unless there is documentation that the injured worker has failed to respond to oral formulations of this type of medication. This type of medication is also only recommended when the oral formulations of non-steroidal anti-inflammatory drugs are contraindicated for the patient. The guidelines recommend that the topical use of non-steroidal anti-inflammatory drugs be limited to four (4) weeks. The clinical documentation submitted for review does suggest that the injured worker was on this medication prior to this appointment. Therefore, an additional prescription would exceed the recommended treatment duration. Additionally, the request as it is written does not provide a frequency of treatment or body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Flector 1.3% patches #60 are not medically necessary or appropriate.

**OXYCONTIN 80MG, #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The Chronic Pain Guidelines recommend the ongoing use of opioids in the management of chronic pain be supported by the documentation of functional benefit, managed side effects, and quantitative assessment of pain relief, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has 50% pain relief and is able to participate in activities of daily living due to medication usage. However, a history of monitoring the injured worker for compliance was not provided. There is no documentation that the injured worker has previously undergone any urine drug screens. Additionally, although it is noted in the documentation that the injured worker's CURES report was reviewed, the results of that review were not provided. Therefore, ongoing use of this medication would not be supported. The request as it is submitted does not provide a frequency of treatment. Without this information, the appropriateness of the request cannot be Final Determination Letter for IMR Case Number CM14-0017329 4 determined. As such, the requested OxyContin 80 mg #150 is not medically necessary or appropriate.