

Case Number:	CM14-0125589		
Date Assigned:	08/11/2014	Date of Injury:	04/05/2012
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 60-year-old-female, who sustained an industrial injury on 04/05/12. Mechanism of injury is unknown. She complains of lower backache and her pain level with medications is 5 on a scale of 1 to 10, and without medications as 9 on a scale of 1 to 10. Her activity level has decreased. She takes 2/day of Norco. On exam, loss of normal lordosis with straightening of the lumbar spine was noted. Range of motion is restricted with flexion limited to 45 degrees limited by pain, extension limited to 5 degrees limited by pain and all range of motion with extreme pain. On palpation, paravertebral muscles, hypertonicity, spasm and tenderness is noted on the left side. Spinous process tenderness is noted on L4-L5. Lumbar facet loading is positive on the left side. Straight leg raising test is negative. Motor strength of EHL is 5/5 on right and 4+/5 on left, ankle dorsi-flexor is 5/5 on right and 4+/5 on left, ankle planter flexors is 5/5 on right and 4+/5 on left, knee extensors is 5/5 on both sides, hip flexors is 5-/5 on right and left. MRI of lumbar spine dated 7/16/12 has showed multilevel degenerative disc and joint disease. Medications include Flector, Norco, Accupril, Docusate Sodium, Hydrochlorothiazide, Metformin and Cymbalta. She underwent left facet joint injection at L4-5, L5-S1 on 1/31/2014. Diagnoses are lumbar radiculopathy; low back pain; and lumbar facet syndrome. According to patient, medications are working well and she states "she is taking her medications as prescribed." She is to continue Norco-may take BID prn pain while awaiting facet injection. UR determination for Flector 1.3% ADH Patch to skin Q day #30 and Norco 10/325mg tab, 1-2/day PRN #60 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3 percent Adh. Patch, 1 Patch to Skin Q day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS 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.

Decision rationale: Per ODG Guidelines, Flector Patch (Diclofenac Epolamine) is not recommended as a first-line treatment. Topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with Diclofenac, including topical formulations. According to the guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, the medical records do not establish the patient is unable to utilize and tolerate standard oral analgesics, which would be considered first-line therapy. It is also not established that the patient has OA pain in a joint amenable to topical application. The medical necessity of Flector patch has not been established; therefore, the request is for Flector 1.3% ADH Patch is not medically necessary.

Norco 10/325mg PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, which is often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen. In addition, there is no mention of ongoing attempts with non-pharmacologic means of pain management such as physical therapy or home exercise program. There is no record of drug urine screen to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the request for Norco 10/325mg PRN #60 is not medically necessary.