

Case Number:	CM14-0152418		
Date Assigned:	09/22/2014	Date of Injury:	06/17/2010
Decision Date:	11/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/18/2014

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 Iowa. 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:

This patient is a 61 year old employee with date of injury of 6/17/2010. Medical records indicate the patient is undergoing treatment for hand pain and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. She is s/p a lumbar laminectomy and post lateral fusion without instrumentation. Subjective complaints include low back pain with an average pain level of 7/10. Objective findings include a normal gait and normal heel to toe walk. On the lumbar spine there was bilateral tenderness over the paravertebral muscles. No tenderness at the sacroiliac region and no spinal process tenderness. On range of motion of the lumbar spine: flexion, 75; extension, 30; right and left lateral bending, 30. The patient has a positive straight leg test on the right. Treatment has consisted of PT, Flector 1.3 patch #30; Norco 10-325mg #120, Fioricet with Codeine and Gabaketocaine (topical), Tramadol and Flexeril. The utilization review determination was rendered on 9/3/2014 recommending denial of a Flector 1.3 patch #30; Norco 10-325mg #120 and Fioricet #120.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector[®] patch (diclofenac epolamine), Compound Creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG states "Not recommended as a first-line treatment. See the Diclofenac listing, where 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. Flector patch is FDA indicated for acute strains, sprains, and contusions". The treating physician has not detailed a trial and failure of first line agents or evidence that the patient is unable to tolerate oral medications. As such, the request for Flector 1.3 patch #30 is not medically necessary.

Norco 10-325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 325/10mg # 120 is not medically necessary.

Fioricet #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: MTUS states "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache". The treating physician has not detailed a trial and failure of first line agents and detailed why such an addictive drug is needed at this time. In addition, the patient is on Norco and Opioid medication with risk of addiction. As such, the request for Fioricet #120 is not medically necessary.