

Case Number:	CM14-0021163		
Date Assigned:	05/07/2014	Date of Injury:	10/15/1999
Decision Date:	08/29/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/20/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

This case involves a 63 year old female who sustained an injury on 10/15/1999 to her neck, bilateral wrists and hand pain. Per the progress report dated 06/02/2014, the injured worker noted that the chiropractic care was helping reduce her neck pain by 50-60%. Her pain was rated at 5-6/10 with medications and 7/10 without medications. It was noted that she has muscle spasms. Imaging studies were not available documentation submitted for review. Treatment to date has included physical therapy, injections, chiropractic manipulation, and medication management. The utilization review decision date was 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 2.5 #120: 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 Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, for on-going management of opioids, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those are pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The review of the available medical records reveals no documentation to support the medical necessity of Norco. In addition, there is no documentation addressing the four domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity. In addition, they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there are no overall improvements in function, this request is not medically necessary.

TRIAL OF FLECTOR PATCHES: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Flector patches contain diclofenac, a non-steroidal anti-inflammatory drug. With regards to topical non-steroidal anti-inflammatory drugs (NSAIDs) agents, the MTUS Chronic Pain Medical Treatment Guidelines stats these medications may be useful for chronic musculoskeletal pain however, there are no long-term studies of their effectiveness or safety. Indications of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The guidelines recommend a short-term use of 4-12 weeks. The documentation submitted for review contains evidence of bilateral wrist and hand pain. The injured worker complains of pain on all ranges of motion and tenderness to palpation. As the wrists lend themselves to topical treatment, medical necessity is supported. It is disagreed upon that topical medications have not been adequately proven with regards to overall efficacy and safety. The request is medically necessary as the MTUS endorses their use with the proper indications.