

Case Number:	CM14-0022653		
Date Assigned:	05/12/2014	Date of Injury:	08/21/2003
Decision Date:	07/10/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal 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 58 year old female who was injured on 08/21/2003 when she slipped and fell. Prior treatment history has included acupuncture, aquatic therapy, brace, chiropractic treatment, epidural/facet, IEP, massage and physical therapy with traction and TPI. Clinic note dated 12/06/2013 indicates the patient has complaints of low back pain and left knee pain. She is taking Fentanyl, Flector, and Norco. She reports she is doing well on her medication for her back. She has been using a TENS unit daily. Her VAS with meds is 3/10. She has been able to stop the Norco for break through pain except for 1 rarely in the evening. She doesn't have major side effects that she is aware of. She had acupuncture about once a week with benefit. She states the medications help her sleep 8-10 hours. Her knee pain is intermittent. She does have limitations with prolonged sitting, walking and standing. She noted difficulty performing some ADL's. On exam, her back range of motion and rotation is normal. She has positive pain at L4, L5. There are no long tract signs. Homan's is negative. Sensation is intact in the major dermatomes of the upper extremity and the lower extremity with the exception of the great toe on the left. She has normal gait and station. Assessment is degenerative disc disease with minimal radiculopathy of the lumbar spine at L5. The treatment and plan include Norco, Duragesic and Flector patch. Prior UR dated 01/28/2014 states the request for Fentanyl patches, Norco 10/325 mg, and Flector patch 1.3% are non-certified as opioids are not supported in the guideline criteria for chronic pain and there is no documented findings to justify medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCHES QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: According to the CA MTUS guidelines, Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with potency eighty times that of morphine. This strong opioid medication has the potential of significant side effects. According the medical record, the patient's injury dates back more than 10 years. The most recent examination reveals minimal findings and clinical history does not substantiate significant, severe chronic pain that would necessitate use of Fentanyl patches. The medical records do not establish non-opioid analgesics are not sufficiently appropriate to address this patient's pain complaints. The medical records do not establish the patient requires continuous opioid analgesia that cannot be managed by other means. The medical necessity of Fentanyl patches has not been established.

NORCO 10/325MG: 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): 74-96.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Based on the minimal objective findings, patient's history, and pain level, the patient should be able to ameliorate her pain symptoms with non-opioid means. The medical records do not document use of a pain diary by the patient to catalog medication use, which is advised by the guidelines. Chronic use of opioids is not generally supported. Given these factors, Norco is not established as medically necessary.

FLECTOR PATCH 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to CA MTUS guidelines, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. According to the Official Disability Guidelines - Flector patch (Diclofenac Epolamine) - 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. The guidelines document that topical Voltaren is FDA approved agent indicated for relief osteoarthritic pain in joints that lend themselves topical treatment, which does not include the spine. Flector patch is not recommended as a first-line therapy. 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 records do not establish Flector patches are appropriate or medically necessary for the treatment of this patient.