

Case Number:	CM14-0023779		
Date Assigned:	06/11/2014	Date of Injury:	04/26/2005
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 48-year-old male who suffered an industrial injury on 4/26/2005 as result of a rear-end motor vehicle accident while in route to pick up his boss. He suffered a closed head injury and a period of loss of consciousness. Since then he has been treated for headaches, neck and lower back pain. A secondary rear-end motor vehicle accident occurred in late 2012 that resulted in exacerbation of his previous injuries to include his headaches, neck and lower back pain. A cervical MRI obtained on 10/16/2007 indicated a mild focal disc protrusion at C6-7 on the left with mild encroachment upon the left neural foramen. A lumbar MRI of the same date is essentially normal with an incidental finding of a S2 Tarlov cyst and a small disk herniation at L5-S1. A lumbar MRI dated 2/8/13 found a L4-5 disc protrusion flattening the thecal sac with associated facet arthropathy and a broad-based protrusion that abuts but does not distort the bilateral S1 nerve root at the L5-S1 level. A cervical MRI dated 2/22/2013 finds a mild uncovertebral joint disease at the C3-4, C4-5 and C5-6 levels with a worsening of the C6-7 finds from previous that consists of a left eccentric protrusion which causes borderline mild left C6-7 neural foraminal stenosis. According to a PR-2 dated Dec 31, 2012, the patient has a complaint of neck pain, headaches and lower back pain that is 8/10 for his neck and 7/10 for his lower back as result of another motor vehicle accident. The patient stated he was back to baseline as compared to his injury in 2005. In this motor vehicle accident, he also suffered a closed head injury with a period of loss of consciousness as well. Since then, he has had continuous elevated pain from both the cervical and lumbar region with headaches with bilateral hand and fingertip persistent numbness and tingling. He also reports a cramping sensation in the left back that radiates into the left buttock and posterior thigh. At question is the continued use of Norco and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR (1) PRESCRIPTION OF NORCO 10/325 MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75, 88, 91.

Decision rationale: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (5mg/tab) and acetaminophen (500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (16 weeks), but also appears limited. Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Margesic- H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. It is quite obvious the patient is in considerable discomfort as result of primarily his secondary motor vehicle accident (MVA), which exacerbated the previous injuries he sustained in his initial MVA nearly 6 and years earlier. The functional improvement by 50% as documented on the PR-2 dated Feb 4, 2014 is greatly encouraging. In conjunction with physical therapy, other conservative management and the request for Flector patches, the request for Norco has merit and is medically necessary for treating the patient's pain as long as the treatment guidelines are followed.

PROSPECTIVE REQUEST FOR (1) PRESCRIPTION OF FLECTOR PATCH 1.3% #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Int J Clic Pract. Oct 2010:64(11): 1546-1553. : Web base. ncbi.nlm.nih.gov/pmc/articles.

Decision rationale: A meta-analysis in 2004 by Mason et al. showed topical NSAIDs (non-steroidal anti-inflammatory drugs) to be effective and safe in treating acute painful conditions for

1 week. This systemic review of 26 double-blind, placebo-controlled trials showed clinically significant efficacy in 19 of 26 trials, with a pooled relative benefit of 1.6 and number needed to treat of 3.8 vs. placebo to achieve an outcome of approximately 50% reduction in pain at 7 days. The efficacy of DETP has been demonstrated in a number of studies for the treatment of strains and sprains. Overall, treatment was associated with a 61% reduction in pain on pressure and a 60% reduction in spontaneous pain. Topical NSAIDs may have potential advantages when compared with oral NSAIDs. Several studies demonstrate that, perhaps because of low systemic concentrations, topical NSAIDs have a reduced risk of upper (GI) gastrointestinal complications such as gastric and peptic ulcers, and GI nuisance symptoms such as dyspepsia, as well as a lack of drug-drug interactions, which leads to minimal side effects in general. The ease of use of a topical NSAID, as well as the subjective benefit associated with applying a topical preparation to a painful site, may result in better acceptance by patients and a possible increase in compliance. One of the topical NSAID formulations approved in the United States is the DETP. In contrast to other conventional formulations (e.g. creams, gels), DETP provides a defined dose to a defined area of skin for 12 h, requiring twice per day application. DETP has recently been approved for use in the United States for the topical treatment of acute pain caused by minor strains, sprains and contusions. The benefits of utilizing a patch rather than systemic NSAID's are tremendous. Had the patient not suffered a secondary MVA, I would have disapproved this request. However, he obtains a 50% reduction in his pain with use of his Flector patch which is greatly encouraging and it is to his benefit to continue such treatment. Continued use of the Flector patch is not medically necessary.