

Case Number:	CM14-0024026		
Date Assigned:	06/11/2014	Date of Injury:	03/09/1998
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional 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 63 year old with an injury date on 3/9/98. Based on 1/21/14 progress report provided by [REDACTED] the diagnoses are: cervical spondylosis without myelopathy, pain in joint shoulder. Exam on 1/21/14 showed no findings for C-spine except general stiffness, and for right shoulder: "initial pain with motion of shoulder in abduction begins at 90 degrees, forward flexion begins at 105 degrees, internal rotation begins at 60 degrees and external rotation begins at 75 degrees. Persistent tenderness over right ankle/foot. Pain with plantar flexion/weight bearing." [REDACTED] is requesting Flector 1.3% patch to neck every 12 hours (Rx [REDACTED]) quantity 360, and Kadian of unspecified dose quantity (Rx [REDACTED] 10/29/123) quantity 1. The utilization review determination being challenged is dated 2/12/14 and rejects Flector request due to lack of documentation of neck pain. [REDACTED] is the requesting provider, and he provided treatment reports from 8/27/13 to 5/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR 1.3% PATCH TO NECK EVERY TWELVE HOURS (RX [REDACTED]) QUANTITY 360.00: Overturned

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

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

Decision rationale: This patient presents with persistent neck pain radiating to shoulder and is s/p left shoulder surgery from 2004. The treating physician has asked Flector 1.3% patch to neck every 12 hours (Rx [REDACTED]) quantity 360 on 10/29/13. Patient was using samples of Flector with effective pain relief as of 12/26/13. As of 1/21/14 patient is doing reasonably well with range of motion exercises at home. Chronic Pain Medical Treatment Guidelines recommends (NSAIDS) non-steroidal anti-inflammatory drugs for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. Patient has responded well to prior trial of Flector patches. Requested Flector patches are appropriate for patient's condition. Therefore request is medically necessary.

**KADIAN OF UNSPECIFIED DOSE AND QUANTITY (RX [REDACTED] 10/29/13)
QUANTITY 1.00:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with persistent neck pain radiating to shoulder and is s/p left shoulder surgery from 2004. The treating physician has asked Kadian of unspecified dose quantity (Rx [REDACTED] 10/29/13 quantity 1 on 10/29/13. Review of the reports show patient has no history of taking Kadian. The only other opioid patient has been taking is hydrocodonebit, taken continuously since 8/27/13 but with no record of effect in relation to pain and function. A UDS on 10/1/13 showed appropriate findings, positive for opiates from the hydrocodonebit, and no illicit drugs. On 10/29/13, treating physician states "the Norco we were providing her was causing facial rashes." Regarding opioids for musculoskeletal pain, Chronic Pain Medical Treatment Guidelines recommends only one medication should be given at a time and a trial should be given for each individual medication. Patient is reacting negatively to Norco, and a trial of Kadian for patient's persistent neck pain appears reasonable. However, treating physician does not indicate dosage level for requested Kadian. Chronic Pain Medical Treatment Guidelines recommends morphine sulfate to be dosed once or twice daily and the 100mg and 200mg capsules for opioid tolerant patients only. Open-ended requests cannot be recommended as dosage limitations are recommended per Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary.