

Case Number:	CM14-0029249		
Date Assigned:	06/20/2014	Date of Injury:	03/22/2001
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational 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 injured worker is a male with date of injury 3/22/2001. Per primary treating physician's progress report dated 2/19/2014, the injured worker has been noticing continued neck pain of the severity of 6-8/10. He also states that he has pain in his hands and wrists first thing in the morning. He also states that he has been dropping things. He utilizes his Theracane on a daily basis. Ice and heat have not been beneficial for him. He has not yet had continued authorization for either the 1% Voltaren gel or the Flector patches that previously have helped him significantly decrease pain from 10/10 down to a 6-7/10. He utilizes his Theracane 5-6 times a day. On exam grip strength and wrist extension is approximately 4+/5 on the right and 3+/5 on the left. Elbow flexion, shoulder flexion, and wrist extension on the left is 3+/5 and intact on the right. Diagnoses include 1) hypertension 2) cervical disc degeneration C4-C5 3) cervical disc degeneration C5-C6 4) cervical facet syndrome 5) cervical spondylosis (C4-C5) 6) cervical spondylosis (C5-C6) 7) carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #224 with one refill.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS SECTION, WEANING OF MEDICATIONS SECTION Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg #224 with one refill is determined to not be medically necessary.

One prescription for Flector patches 1.3% #30 with one refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS SECTION, TOPICAL ANALGESICS SECTION Page(s): 67-73, 111-113.

Decision rationale: The Flector Patch is a topical analgesic containing diclofenac epolamine. Review of previous clinical notes do report that the injured worker is being treated with Flector Patch with reduction in pain from 10/10 to 6-7/10. Side effects and changes in function are not addressed by the clinical notes. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. The injured worker's pain is not described as pain from osteoarthritis. The injured worker is also noted to have a diagnosis of hypertension, and he is 53 years old. He is also noted to have an allergy to NSAIDs. The cardiac risk factors and listed allergy are potential contraindications for the use of the Flector Patch, which are not addressed in the clinical report. The request for Flector Patches 1.3% #30 with one refill is determined to not be medically necessary.