

Case Number:	CM14-0033458		
Date Assigned:	03/21/2014	Date of Injury:	11/16/2011
Decision Date:	06/02/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/17/2014

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 Pain Management 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 50-year-old female with a date of injury of 11/16/2011. The listed diagnoses per [REDACTED] are: 1. Right hip pain. 2. Low back pain with radiculopathy bilaterally and subtle prosthesis status post (s/p) DRDB of the lumbar spine. According to report dated 02/28/2014 by [REDACTED], the patient presents with low back pain. Severity of the condition is 5/10 and described as aching, burning, stabbing, throbbing, spasms that shoots down right leg. The patient is experiencing back stiffness, numbness and right and left leg radicular pain and weakness. Patient's active medications are Cymbalta 60 mg, Flector patch 1.3%, Norco 10/325 mg, Opana ER 7.5 mg, and tamoxifen 20 mg. Examination of the lumbar spine revealed positive pelvic thrust, right pain with Valsalva, positive Faber maneuver on right, and positive Gaenslen's maneuver on right. There is pain to palpation over the L3-L4, L4-L5, and L5-S1 facet capsules on the right. There is pain with rotational extension indicative of facet tears. Treating provider is requesting refill of medications. Utilization review is dated 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 1.3% #30, WITH 3 REFILLS BETWEEN 2/28/14 AND 7/2/14:

Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The treating provider is requesting Flector patches 1.3% #30 with 3 refills. The MTUS Guideline has the following regarding topical creams page 111 under to topical pain section, "for nonsteroidal anti-inflammatory agents, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are short and small of duration. Topical NSAIDS have been shown at [REDACTED] to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical cream." In this case, the patient does not meet the indication for these patches. Furthermore, when the criteria have been met for the use of flector patches, the MTUS recommends 4-12 weeks of use; this patient has been using Flector patches since 09/11/2013. Recommendation is for denial.

OPANA ER 7.5MG #30, BETWEEN 2/28/14 AND 4/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60,61.

Decision rationale: This patient presents with chronic low back pain. The treating provider is requesting Opana ER 7.5 mg #30. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, activities of daily living (ADLs), adverse side effects and aberrant drug-seeking behavior. Medical records indicate the treating provider discontinued Exalgo due to side effects and replaced it with Opana on 10/09/2013. Report 12/06/2013 states patient was not authorized Opana. Report 12/27/2013 lists Opana as an active medication; however, subsequent report from 01/03/2013 again states the patient has been denied this medication. It appears this patient has not been provided this medication on a consistent basis. In any case, the treating provider provides this medication as an active medication and provides no discussion on the efficacy in regards to pain reduction or functional improvement to specifically taking Opana. The treating provider states in his report from 02/28/2014, "patient notes marked benefit with the use of medications and has noted increased functional capacity and decreased pain and suffering without side effects." However, it is unclear as to which opioid is providing benefit, as the patient is taking Norco and Opana together. Furthermore, there are no discussion regarding outcome measures as required by MTUS, no base-line function to compare to and what specific functional measures have increased due to Opana. Recommendation is for denial.

NORCO 10/325MG #180 BETWEEN 2/28/14 AND 4/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MEDICATIONS FOR CHRONIC PAIN Page(s): 60,61.

Decision rationale: This patient presents with chronic low back pain. The treating provider is requesting Norco 10/325 mg #180. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. This patient has been prescribed Norco since 09/11/2013. The treating provider states in his report from 02/28/2014, "patient notes marked benefit with the use of medications and has noted increased functional capacity and decreased pain and suffering without side effects." Although the patient notes decrease in pain, there is no discussion of which medication decreased his pain as the patient is simultaneously on two different opioids. There is no specific functional improvement discussed. Furthermore, the treating provider does not provide pain assessment as required by MTUS. Given the lack of sufficient documentation, recommendation is for denial.