MAXIMUS Federal Services

Case Number:	CM14-0039861		
Date Assigned:	06/27/2014	Date of Injury:	05/17/1999
Decision Date:	08/12/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 17, 1999.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; topical agents; and transfer of care to and from various providers in various specialties.In a Utilization Review Report of March 7, 2014, the claims administrator denied a request for Opana extended release and Flector patches outright. The claims administrator based its decision to deny Opana on the grounds that a previous Utilization Review Report had also recommended the same. Non-MTUS ODG Guidelines were cited in the denial of Flector patches.The applicant's attorney subsequently appealed.A June 10, 2014 progress note is notable for comments that the applicant reported persistent right upper extremity pain, constant, secondary to chronic regional pain syndrome. The applicant was using a protective sleeve and was receiving Marcaine infusions through the arm. The applicant was also considering a pump implantation to administer Marcaine so that the applicant would not have to self-inject. The applicant was using Opana extended release for pain relief, in the interim, it was acknowledged. 6/10 pain was noted. The applicant was awaiting authorization for topical Flector for arm pain. The applicant was asthmatic, it was incidentally noted. The applicant's medication profile reportedly included Senna, ketamine cream, Opana, Flector patches, Prilosec, Estroven, albuterol, Qvar, and Cozaar. Multiple medications were refilled. It was stated that the applicant was status post eight reconstruction surgeries of the arm. The attending provider stated that the applicant's pain levels were appropriately reduced with ongoing Opana usage. The attending provider suggested that usage of Opana was ameliorating the applicant's ability to use the arm in question. The applicant was given Prilosec to combat GI upset associated with

medication usage.A June 9, 2014 progress note was notable for comments that the applicant was off of work, on total temporary disability, while a functional capacity evaluation was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: The request in question is a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant has seemingly failed to return to work, the attending provider has posited that the applicant is reporting appropriate reductions in pain levels following introduction of Opana and that the applicant's ability to use his right arm has been ameliorated as a result of the same. Continuing Opana, then, on balance, is indicated. Therefore, the request is medically necessary.

Flector 1.3% patch #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 112, Topical Diclofenac/Voltaren section. Page(s): 112.

Decision rationale: Flector is a derivative of diclofenac (Voltaren). As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac or Voltaren is indicated in the treatment of small joint arthritis which lends itself toward topical application, such as, for instance, the hands, knees, wrists, fingers, etc. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that Flector has not been evaluated for the treatment of shoulder, the principal body part implicated here. No applicant-specific rationale was provided to offset the tepid or unfavorable MTUS recommendation. Therefore, the request is not medically necessary.