MAXIMUS Federal Services

Case Number:	CM14-0046107		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2000
Decision Date:	08/20/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/14/2014

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 General Preventive Medicine, and is licensed to practice in Indiana. 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:

This employee is a 72 year old female with date of injury of 10/10/2000. A review of the medical records indicate that the patient is undergoing treatment for bilateral shoulder pain and other joint conditions related to her occupational injury. Subjective complaints include bilateral shoulder pain and chronic pain in other joints. Objective findings include antalgic gait, limited bilateral shoulder range of motion, slight right shoulder atrophy, left sholder tenderness, postive left shoulder impingement sign. Treatment has included past surgeries, norco, cymbalta, flector. The utilization review dated 3/17/2014 non-certified a flector patch and norco tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3 % # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: MTUS Chronic Pain Guidelines state topical diclofenac (Flector patch) is indicated for relief of osteoarthritis pain in joints such as the elbow, hand, knee, and wrist, but is not recommended for neuropathic pain. There is no evidence to support the use of topical

NSAIDS for osteoarthritis pain of the spine, hip, or shoulder. The medical documentation does not provide any other reason for using the patch for her shoulder pain, and does not document the functional limitations she has due to her current less than optimal pain control. The request for Flector 1.3% transdermal patch # 90 is not medically necessary and appropriate.

Norco 10/325 MG # 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 79- 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 325/10mg # 160 is not medically necessary.