

Case Number:	CM14-0106714		
Date Assigned:	07/30/2014	Date of Injury:	03/30/2004
Decision Date:	08/21/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old female, who sustained an industrial injury on 3/30/04. She reported pain in the neck, low back, and knee. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc and chronic pain syndrome. Treatment to date has included a C5-6 translaminar epidural steroid injection, a L4-5 transforaminal epidural steroid injection, and medication. The injured worker had been taking Norco since at least 2/9/12. The injured worker had been taking Soma since at least 3/13/12. The injured worker had been taking Oxycodone ER, since at least 2/18/14. The injured worker had been using Flector patches since at least 4/15/14. Pain on 4/15/14 was rated as 7/10 with medication and 10/10 without medication. Pain on 5/13/14 was rated as 8/10. Currently, the injured worker complains of neck pain and muscle spasm at the base of her neck. The treating physician requested authorization for Flector 1.3% patch, Norco 10/325, Soma 350mg, and Oxycodone ER 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flector 1.3% patch (quantity unspecified): 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector patch (Diclofenac Epolamine).

Decision rationale: The injured worker sustained a work related injury on 3/30/04. The medical records provided indicate the diagnosis of degeneration of lumbar intervertebral disc and chronic pain syndrome. Treatments have included C5-6 translaminar epidural steroid injection, a L4-5 transforaminal epidural steroid injection, and medication. The medical records provided for review do not indicate a medical necessity for 1 prescription of Flector 1.3% patch. Flector patch is a topical analgesic containing diclofenac. The topical analgesics are largely experimental primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS is silent of this medication, but the Official Disability Guidelines recommends against using it as a first line agent; besides there is no evidence from the medical records that the injured worker has failed treatment with antidepressants and Antiepilepsy (anticonvulsant) drugs. Therefore, the request is not medically necessary.

1 prescription of Norco 10/325mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long term use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 3/30/04. The medical records provided indicate the diagnosis of degeneration of lumbar intervertebral disc and chronic pain syndrome. Treatments have included C5-6 translaminar epidural steroid injection, a L4-5 transforaminal epidural steroid injection, and medication. The medical records provided for review do not indicate a medical necessity for 1 prescription of Norco 10/325mg. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. When used for greater than six months, the MTUS recommends document pain and functional improvement and compare to baseline, with satisfactory response to treatment being patient's decreased pain, increased level of function, or improved quality of life. The MTUS recommends in such circumstances pain be assessed at each visit, and functioning be measured at 6-month intervals using a numerical scale or validated instrument. The medical records indicate the injured worker has been on this medication at least since 05/2013; throughout this period the pain level has remained at 8/10. The records do not indicate the injured worker has needed to use a lesser amount of pain medications. Therefore, the request is not medically necessary.

1 prescription of Soma 350mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on 3/30/04. The medical records provided indicate the diagnosis of degeneration of lumbar intervertebral disc and chronic pain syndrome. Treatments have included C5-6 translaminar epidural steroid injection, a L4-5 transforaminal epidural steroid injection, and medication. The medical records provided for review do not indicate a medical necessity for 1 prescription of Soma 350mg. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS does not recommend the use of this medication for longer than a 2 to 3 week period. The medical record indicates the injured worker has been using it at least since 05/2013. Therefore, the request is not medically necessary.

1 prescription of Oxycodone ER 60mg (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 3/30/04. The medical records provided indicate the diagnosis of degeneration of lumbar intervertebral disc and chronic pain syndrome. Treatments have included C5-6 translaminar epidural steroid injection, a L4-5 transforaminal epidural steroid injection, and medication. The medical records provided for review do not indicate a medical necessity for 1 prescription of Oxycodone ER 60mg. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, and adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. When used for greater than six months, the MTUS recommends document pain and functional improvement and compare to baseline, with satisfactory response to treatment being patient's decreased pain, increased level of function, or improved quality of life. The MTUS recommends in such circumstances pain be assessed at each visit, and functioning be measured at 6-month intervals using a numerical scale or validated instrument. The medical records indicate the injured worker has been on this medication at least since 05/2013; throughout this period the pain level has remained at 8/10. The records do not indicate the injured worker has needed to use a lesser amount of pain medications. Therefore, the request is not medically necessary.