

Case Number:	CM14-0171998		
Date Assigned:	10/23/2014	Date of Injury:	08/16/2000
Decision Date:	01/05/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 37 year old female who was injured on 8/16/2000. The diagnoses are lumbar radiculopathy, low back pain and muscle pain. There is associated diagnoses of depression and obesity. The patient completed physical and massage therapy. The records indicate that on 5/21/2014, [REDACTED] noted subjective complaint of recent of flare up of low back and thoracic spine pain. There was objective finding of tenderness of the thoracic and lumbar paraspinal muscles. The medications are Norco, Flector patch and Cymbalta for pain. The patient was advised to discontinue oral NSAIDs following gastric bypass procedure. On 9/9/2014, [REDACTED] noted that the patient had lost 60 lbs. since gastric bypass surgery. A Utilization Review determination was rendered on 9/17/2014 recommending non certification for Flector patch #30 with 2 refills and modified certification for Norco 10/325 mg #120 with 2 refills to no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch, thirty count with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of gastrointestinal, renal and cardiac complications. The records indicate that the patient was advised to avoid oral NSAIDs following gastric bypass surgery. The use of topical NSAIDs is associated with less incidence of gastrointestinal complication. The criteria for the use of Flector patch # 30 with 2 refills have been met.

Norco 10/325 mg, 120 count with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized in the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation and adverse interaction with other sedatives. The records indicate that the patient had been on chronic opioid treatment. There is no documentation of compliance monitoring measures such as Pain Contract, UDS and absence of aberrant medication behaviors or functional restoration. The criteria for the use of Norco 10/325 mg #120 with 2 refills are not met.