MAXIMUS Federal Services

Case Number:	CM14-0192549		
Date Assigned:	11/26/2014	Date of Injury:	05/19/2006
Decision Date:	03/05/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/18/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 44 year old female who sustained a work-related injury on 5/19/2008. Per the Primary Treating Physician's Progress Report dated 9/05/2014, the mechanism of injury was due to cumulative injury to the bilateral wrists, hands, shoulders and elbows due to the physical demands of the job which included walking, bending, standing, reaching, pushing and pulling as well as lifting and twisting sustained between 5/19/2005 and 7/6/2007. Prior treatment has included carpal tunnel release on the left dated 6/23/2014 and right, dated 4/14/2008. The injured worker reported constant pain to the cervical spine with radiation to the upper back. She feels the pain has worsened since the last visit. She also reported constant pain to the left shoulder that is increased with movement and reduced range of motion. She reported constant pain in the bilateral wrists, hands and fingers with reduced, painful range of motion. Objective physical examination revealed tenderness to palpation of the left trapezius, and generalized tenderness to palpation of the right elbow and right and left wrists. Bilateral wrists have normal color and temperature with decreased sensation to light touch in digits 1-3 and well-healed incisions. Diagnoses include left trapezial myofascitis, right elbow epicondylitis, bilateral carpal tunnel syndrome, and postoperative carpal tunnel release, left and right, and severe depression. The plan of care included consultation with a pain management specialist and medications. Disability status is permanent. On 10/14/2014, Utilization Review non-certified prescriptions for Tylenol #3, qty: 60 and Flector patch 1.3 %, qty: 60, based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol # QTY 60: 60 Flector Patch 1.3 percent perfect QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Acetaminophen (APAP) Page(s): 111, 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 9/29/14) Topical Analgesics, Flector Patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsCRITERIA FOR USE OF OPIOIDS Page(s): 111-113, 76-78,88-89.

Decision rationale: This patient presents with constant neck pain that radiates down to the left shoulder and pain in her wrists, hands and fingers. The current request is for FLECTOR PATCH 1.3 PERCENT QTY 60 and TYLENOL #3 QTY 60.The MTUS guidelines pg 111-113, Topical Analgesics section under Non-steroidal antinflammatory agents, NSAIDs, states these are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Flector patches use a topical Diclofenac, NSAID. MTUS states topical NSAIDs are for joints amenable to topical treatment.For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.The patient was started on Flector patches and Tylenol #3 on 4/26/13. Progress report dated 9/5/14 states that the patient continues to utilize Flector patches and Tylenol #3 and now has become more tolerable to her current medications. The treating physician has not documented analgesia or provided any specific functional improvement with taking medications. There are no discussions of adverse side effects or possible aberrant behaviors as required my MTUS for opiate management. There are no opiate management issues such as CURES report, pain contract, etc. No urine drug screens are provided to monitor compliance either. The treating physician has failed to document the efficacy of medications prescribed; therefore, this request IS NOT medically necessary.