

Case Number:	CM14-0198919		
Date Assigned:	12/09/2014	Date of Injury:	05/10/2010
Decision Date:	01/28/2015	UR Denial Date:	11/09/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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 year old who was injured on 5/10/2010. The diagnoses are lumbar radiculopathy, Myalgia, bilateral shoulders, and low back pain. The 2014 MRI of the lumbar spine showed multilevel disc bulges, facet degeneration, central and neural canal narrowing. The EMG/NCV showed bilateral chronic L5 radiculopathy. The patient completed PT, massage and chiropractic treatments. There was significant pain relief after epidural steroid injections. On 11/24/2014, [REDACTED] PA-C [REDACTED] subjective complaint of low back pain radiating down the lower extremities associated with numbness. The pain score was rated at 3/10 with medications but 9/10 without medications. There was objective finding of tenderness over the lumbar paraspinal area, decreased range of motion and positive straight leg raising test. The medications listed are Celebrex, Flector patch, hydrocodone, Percocet, Oxycontin, Lyrica, Lunesta and Soma. A Utilization Review determination was rendered on 10/19/2014 recommending non certification for Flector 1.3% #60 and hydrocodone/APAP 10/325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3%, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113. 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 the short term treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiac, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest time period. The records indicate that the patient is utilizing multiple NSAIDs. The use of multiple NSAIDs is associated with increased incidence of NSAIDs related adverse effects. The use of topical NSAIDs is indicated for small to medium joint pain. The patient was diagnosed with lumbar radiculopathy in addition to the multiple joints pain. The criteria for the use of Flector 1.3% #60 were not met. Therefore, this request is not medically necessary.

Hydrocodone-acetaminophen 10 mg - 325 mg, 150 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. 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 for the short term treatment of exacerbation of 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, addiction and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple opioid medications. The patient is utilizing 2 short acting opioids for breakthrough pain. The patient is also utilizing OxyContin as well as Soma and Lunesta that have sedative properties. The risk of opioid induced adverse effects is significantly increased. The records did not show documentation of functional restoration and compliance monitoring. The criteria for the use of Hydrocodone/APAP 10/325mg #150 were not met. Therefore, this request is not medically necessary.