

Case Number:	CM14-0201237		
Date Assigned:	12/11/2014	Date of Injury:	07/20/2001
Decision Date:	01/31/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 is a female patient with the date of injury of July 20, 2001. A Utilization Review dated November 5, 2014 recommended non-certification of Flector patches, apply Q12h PRN for acute exacerbations, #60, refills: 2; Norco 5/325mg 1 tab po BID, #60, refills: 2; and Ultracin lotion 120g, apply BID-TID for acute exacerbations, refills: 2. A Progress Report dated August 19, 2014 identifies Subjective Complaints of low back pain, stiffness, intermittent neck pain, and knee pain. Physical Examination identifies tenderness along the patellar facets, subpatellar crepitation with range of motion, and pain with deep flexion of the right knee. Tenderness of the posterior cervical and bilateral trapezial musculature. Tenderness at the lower lumbar paravertebral musculature. Diagnoses identify right knee anterior pain, patellofemoral pain syndrome, cervical myofascial pain, obesity, status post left shoulder arthroscopy, and irritable bowel syndrome. Treatment Plan identifies Ultracin lotion 120 g apply BID-TID for acute exacerbations, refills 2; Flector patches apply Q12H PRN for acute exacerbations with quantity of 60, refills 2, apply alternately with Ultracin lotion; and Norco 5-325 mg 1 tablet PO BID with quantity of 60, refills 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion 120g apply BID-TID for acute exacerbations with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The requested topical compound is a combination of Methyl Salicylate, Menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarification, this request is not medically necessary.

Flector patches apply Q12H PRN for acute exacerbations with quantity of 60 and 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Updated 10/30/14), Flector Patch (Diclofenac Epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector Patch (Diclofenac Epolamine)

Decision rationale: Regarding the request for Flector patch, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical non-steroidal anti-inflammatory drugs (NSAIDs). Official Disability Guidelines (ODG) states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is Food and Drug Administration (FDA) indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. In the absence of such documentation, the currently requested Flector patch is not medically necessary.

Norco 5-325mg 1 tablet PO BID #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved

function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.