

Case Number:	CM15-0101121		
Date Assigned:	06/03/2015	Date of Injury:	05/29/2013
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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, Hawaii
 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:

The injured worker is a 37 year old male, who sustained an industrial injury on 5/29/13. The injured worker was diagnosed as having lumbar disc displacement, left knee sprain/strain, and inguinal hernia. Treatment to date has included physical therapy, acupuncture, and medication. Physician's reports dated 3/4/15 and 4/15/15 noted pain was rated as 9/10 in the lumbar spine and 7/10 in the left knee. Currently, the injured worker complains of lumbar spine pain, left knee pain, and inguinal hernia pain. The treating physician requested authorization for Norco 5/325mg #90 and Flector Patches 1% #90 patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325, #90 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-89.

Decision rationale: The patient presents with lumbar spine pain, left knee pain, and inguinal hernia pain. The current request is for Norco 5/325, #90 tablets. The treating physician states, in a report dated 04/15/15, "Norco 5/325 Take 1 tablet every 6 to 8 hours as needed for pain #90." (15B) The MTUS guidelines state, "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, only a statement from the patient that there is relief from medication is provided. The documentation provided is inadequate to show medication efficacy and the treater has failed to meet the MTUS guidelines. The current request is not medically necessary.

Flector Patch 1% #90 patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents with lumbar spine pain, left knee pain, and inguinal hernia pain. The current request is for Flector Patch 1% #90 patches. The treating physician states, in a report dated 04/15/15, "Request for authorization Flector Patch 1.3% apply 1 patch every 12 hours as needed for pain." (15B) The MTUS guidelines state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, the treating physician has documented occasional to intermittent moderate to 7/10 stabbing, throbbing left knee pain and cramping radiating down to the left ankle. However, osteoarthritis pain, for which MTUS recommend this medication, is not documented in the records available for review. Nor is there any evidence of functional improvement or failure of oral NSAIDs to justify use of topical NSAIDs. The current request is not medically necessary.