

Case Number:	CM15-0169268		
Date Assigned:	09/09/2015	Date of Injury:	02/04/2011
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female who sustained an industrial injury on 02-04-2011. She reported injuries to the right shoulder, neck, left ankle and bilateral knees that resulted from a slip and fall. Treatment to date has included medications and physical therapy. Surgical history included right shoulder surgery on 06-24-2011 and 02-03-2012. Records show that treatment with medications have included Norco, Celexa, Advil, Flector patch 1.3%, Tylenol #3 and Nortriptyline. Electrodiagnostic studies of the bilateral upper extremities performed on 06-30-2014 were normal. MRI of the cervical spine performed on 03-11-2013 showed right disc protrusion at C5-6 which mildly flattened right hemi cord, minimal central disc protrusion at C4-5 which mildly indented the spinal cord. Moderate to severe left neural foraminal stenosis at C5-C6 was noted. Mild disc protrusion at C3-4, C6-7 and C7-T1 was noted. According to a progress report dated 04-07-2015, the injured worker reported persistent neck and left knee pain. Neck pain was worse and rated 7 on a scale of 1-10. Pain radiated to the bilateral shoulder and right upper extremity. She had several sessions of physical therapy which did not help. Objective findings included tenderness in the cervical paraspinal muscles and stiffness in the cervical spine. Cervical spine flexion was 60 degrees, extension 50 degrees and side bending and side rotation was associated with increased pain. Dysesthesia was noted to light touch in the right C7 more so than C6 dermatome. Strength was 5 out of 5 in the bilateral upper extremities. Tenderness was noted in the left knee joint line with minimal swelling noted on the medical aspect of the left knee. Left knee flexion was 100 degrees which was associated with increased pain. Diagnoses included right shoulder adhesive capsulitis, status post right shoulder partial rotator tear debridement and subacromial decompression, status post right shoulder arthroscopic debridement, bilateral knee pain, left knee pain, cervical radiculitis and myofascial pain.

Prescriptions included Nortriptyline, Flector patch 1.3% and Tylenol #3. Authorization was requested for a neurosurgical consultation. The injured worker was to return to modified work until 06-30-2015. According to a recent progress report dated 07-22-2015, the injured worker report persistent left knee and neck pain. Neck pain radiated to the bilateral shoulder region but was worse on the right side. Left knee pain was mostly a stabbing type of pain radiating to the posterior aspect of the left knee. She had difficulty climbing stairs and had to hold to rails while climbing. She was able to walk for 15 to 20 minutes at one time with the help of current medications. Prescriptions included Nortriptyline, Flector patch 1.3% and Tylenol #3. Authorization was pending for MRI of the left knee and cervical spine. The injured worker was noted to have clinically consistent cervical radiculitis. She was to return to modified work until 08-31-2015. On 08-03-2015, Utilization review non-certified Flector patch 1.3% #30 (per 04-07-2015 order) and modified the request for Tylenol 3 quantity 30.00 (per 04-07-2015 order). Documentation submitted for review shows long term use of Flector patch 1.3% and Tylenol #3 dating back to December 2014. Urine drug screens were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The submitted documentation supports a diagnosis of knee osteoarthritis. MTUS recommends optional use of topical NSAIDs for treatment of osteoarthritis in joints amenable to topical treatment, including the knee. Office notes indicate that the injured worker reports relief with the current medications, and that these allow her to walk for 15-20 minutes. The requested Flector patches are reasonable and medically necessary.

Tylenol 3 QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The submitted information does not establish that the "4 A's" are met in this case. A narcotic medication agreement is not documented. Specific reduction in VAS

pain levels with opioid medication is not documented. Monitoring for aberrant medication behaviors through use of pill counts, urine drug screens, or CURES reports is not documented. Medical necessity is not established for the requested Tylenol #3.