

Case Number:	CM15-0199542		
Date Assigned:	10/14/2015	Date of Injury:	04/03/2000
Decision Date:	11/24/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/09/2015

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

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 55 year old female who sustained an industrial injury on 04-03-2000. A review of the medical records indicated that the injured worker is undergoing treatment for left shoulder sprain and strain with tendinopathy, lumbar degenerative disc disease, disc herniation with left radicular symptoms, dyspepsia and constipation from medications, insomnia and weight loss and left shoulder tendinopathy improved with Flector Patch. According to the treating physician's progress report on 09-16-2015, the injured worker continues to experience back pain radiating down her left leg and ongoing left shoulder pain. The injured worker rated her pain level at 8 out of 10. The pain level at its best with medications was 4 out of 10 and 10 out of 10 on the pain scale without medications. The injured worker reported 50% reduction in pain and functional improvement with activities of daily living with the medications.

Examination of the back demonstrated palpable spasm with flexion at 20 degrees and extension at 5 degrees. There was sensory loss to light touch and pinprick in the left lateral calf and bottom of the left foot. Achilles reflex was absent on the left. The left shoulder revealed limited range of motion with positive crepitus on circumduction passively with positive impingement signs. The injured worker has been on long term medications with compliance and urine drug screening were consistent with prescribed medications according to the report dated 09-16-2015. Current medications were listed as Duragesic patch 100mcg every 3 days, Tylenol #3 for breakthrough pain, Remeron, Flector patch, Zanaflex, Colace, Senokot and Protonix. On 09-18-2015 the provider requested authorization for Tylenol #3 with codeine #90 and Flector Patch 1.3% #60. On 09-26-2015 the Utilization Review modified the request for Tylenol #3 with codeine #90 to

Tylenol #3 with codeine #45 for weaning purposes and determined the request for Flector Patch 1.3% #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tylenol #3 with Codeine #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine, Opioids, criteria for use.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Tylenol #3 with Codeine for an extended period. Although she reports a 50% reduction in pain with the medication, there is a lack of objective evidence of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 prescription of Tylenol #3 with Codeine #80 is determined to not be medically necessary.

1 prescription of Flector Patch 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector Patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Flector Patch (diclofenac epolamine) Section.

Decision rationale: The Flector Patch is a topical analgesic containing diclofenac epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. Per the ODG, the Flector patch is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications

to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. In this case, there is no evidence that the injured worker has failed with or there is a contraindication to oral NSAIDs. Therefore, the request for 1 prescription of Flector Patch 1.3% #60 is determined to not be medically necessary.