MAXIMUS Federal Services

Case Number:	CM15-0199793		
Date Assigned:	10/15/2015	Date of Injury:	05/31/1992
Decision Date:	11/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 68 year old male, who sustained an industrial injury on 5-31-92. The injured worker was diagnosed as having spondylolisthesis. Subjective findings (5-12-15, 8-18-15) indicated a moderate amount of pain in the right sacroiliac joint area. The injured worker rated his pain on a VAS scale as 59-72 without medications and 11-19 with medications. The medications provide at least six hours of pain relief and improve function. Objective findings (8-18-15) revealed a positive straight leg raise test on the right and a positive pelvic compression test. Treatment to date has included Flector patch (since at least 8-18-15), Voltaren, Ibuprofen-Hydrocodone (since at least 8-18-15) and Prilosec. The Utilization Review dated 9-25-15, non-certified the request for Ibuprofen-Hydrocodone 7.5mg-200mg #60 x 1 refill and Flector 1.3% patch #60 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen/Hydrocodone 7.5/200mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Vicoprofen, which contains Hydrocodone and Ibuprofen. The claimant was on the medication for an unknown length of time. Long-term use of both medications is not indicated. There was no mention of weaning or Tylenol failure. The claimant was also on Voltaren, an NSAID. There is no indication for multiple NSAID use. The request is not medically necessary.

Flector patch 1.3% #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, there is no mention of arthritis. The claimant had been prescribed multiple oral NSAIDS. Long-term Flector with 3 refills is not medically necessary.