

Case Number:	CM15-0213170		
Date Assigned:	11/02/2015	Date of Injury:	12/01/2001
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/29/2015

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 60 year old, female who sustained a work related injury on 12-1-01. A review of the medical records shows she is being treated for right arm, right knee and right foot pain. In the progress notes dated 9-25-15, the injured worker reports chronic right arm, right knee and right foot pain. She reports a flare-up of pain in right knee in last few days. She reports it is more painful to walk. On physical exam dated 9-25-15, right knee has some "puffiness" anteriorly but no acute inflammation. The right knee is discolored. She has restricted right knee range of motion. She has some tenderness over the right patella. Treatments have included medications and use of orthopedic shoes. Current medications include Aciphex, Norco and Celebrex. The provider states the medications "provide adequate relief in order to perform activities of daily living." She has been taking the Norco since at least September 2014. No documentation of using Flector patches before. No notation of working status. The treatment plan includes a trial of Flector patches she was given, for new orthopedic shoes, for Norco and an x-ray of the right knee. The Requests for Authorization dated 9-29-15 have requests for Norco and Flector patches. In the Utilization Review dated 10-6-15, the requested treatment of Norco 10-325mg. #90 is modified to Norco 10-325mg. #68. The requested treatment of Flector patches #30 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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

Decision rationale: The patient presents with right foot, right knee, right arm/shoulder, right elbow and bilateral hand pain. The current request is for Norco 10/325mg #90. The treating physician's report dated 09/25/2015 (257B) states, "The patient notes that her right knee has flared up in recent days, there is some swelling anteriorly, and there is chronic discoloration of the skin over the anterior aspect of the right knee, and it is more painful to walk." She continues to use AcipHex, and Norco, and Celebrex, which provide adequate relief in order to perform activities of daily living. There have been no drug seeking behaviors and she denies drug side effects." Medical records show that the patient was prescribed Norco since 02/2014. The patient's current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. While the treating physician noted that medications "provide adequate relief in order to perform activities of daily living," there are no before and after pain scales to show analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. In this case, the physician has not provided the proper documentation of the required criteria based on the MTUS Guidelines for continued opiate use. The current request is not medically necessary.

Flector patch #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Flector patch (Diclofenac epolamine).

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

Decision rationale: The patient presents with right foot, right knee, right arm/shoulder, right elbow and bilateral hand pain. The current request is for Flector patch #30. The treating physician's report dated 09/25/2015 (257B) states, "I gave her some samples of Flector patches to apply to the right knee for pain relief and relief of inflammation, and she can get a prescription for this if they are helpful." Medical records show that the patient was prescribed Flector patches in the past, the last of which was in 02/2014. The MTUS Guidelines on topical analgesics page 111 to 113 states that topical NSAIDs are recommended for peripheral joint osteoarthritis/tendinitis-type problems. These medications may be used for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In this case, the patient does have a diagnosis of chronic right knee pain due to pre-patellar bursitis for which Flector patches are indicated. The current request is medically necessary.