

Case Number:	CM15-0217929		
Date Assigned:	11/09/2015	Date of Injury:	01/19/2010
Decision Date:	12/21/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/05/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 64 year old female, who sustained an industrial-work injury on 1-19-10. The injured worker was diagnosed as having pain in joint of shoulder, cervicalgia, brachial neuritis or radiculitis, and chronic pain syndrome. Treatment to date has included medication: trialed with Norco, Tylenol ES, Flexeril, Valium, LidoPro ointment, Terocin patch, and Flector patch; functional restoration program, cold therapy (excellent results per MD); physical therapy (moderate relief per report); acupuncture, transcutaneous electrical nerve stimulation (TENS) unit, heat therapy (ineffective). Currently, the injured worker complains of neck and bilateral shoulder pain rated 7-8 out of 10. Pain is characterized as sharp and throbbing. Quality of sleep is poor. Per the primary physician's progress report (PR-2) on 8-5-15, exam noted tenderness over the paracervical muscles, acromioclavicular joint, and over spinous process at C6-C7, positive Neer's, Hawkin's, and shoulder cross-over test, and restricted right shoulder range of motion in all planes, reduced grip strength on the right. Current plan of care includes medication for pain management. The Request for Authorization requested service to include Flector 1.3% patch quantity 80, Norco 5/325mg quantity 30, and Tylenol extra strength 500mg quantity 80. The Utilization Review on 11-3-15 denied the request for Flector 1.3% patch quantity 80, Norco 5/325mg quantity 30, and Tylenol extra strength 500mg quantity 80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch quantity 80: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Diclofenac Topical.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Flector patch, which is topical Diclofenac. According to the ODG, Pain section, Diclofenac Topical, it is not recommended as a first line treatment but is recommended for patients at risk for GI events from oral NSAIDs. In this case, the exam note from 8/5/15 does not demonstrate prior adverse GI events or intolerance to NSAIDs. Given the lack of documentation of failure of oral NSAIDs or GI events, the prescription is not medically necessary and the determination is for non-certification.

Norco 5/325mg quantity 30: 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 for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 8/5/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.

Tylenol extra strength 500mg quantity 80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines (Pain Interventions and Treatments): Acetaminophen (APAP): Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. The CA MTUS continues to list indications for the use of APAP, which include osteoarthritis of the hip, knee and hand and chronic lower back pain. In this case there is no evidence of the CA MTUS-specified indications for the use of APAP. Thus, the prescription is not medically necessary and the recommendation is for non-certification.