

Case Number:	CM15-0036648		
Date Assigned:	03/05/2015	Date of Injury:	01/29/2013
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, 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 applicant is a represented 46-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 29, 2013. In a Utilization Review Report dated January 28, 2015, the claims administrator failed to approve requests for oral Percocet and Flector patches reportedly prescribed and/or dispensed on or around January 12, 2015. The applicant's attorney subsequently appealed. In a February 17, 2015 RFA form, both Percocet and Flector patches were renewed. In an associated progress note dated February 9, 2015, the applicant reported 7/10 pain with medications versus 8/10 pain without medications in one section of the note. The applicant was using Celebrex, Robaxin, Percocet, Flector, butalbital, Lunesta, Topamax, Xanax, and Synthroid, it was acknowledged. The applicant stated that she was bicycling and performing yoga for exercise. The applicant stated that her medications were facilitating her ability to perform these exercises and activities. The applicant stated that she was continuing to work as a registered nurse (RN), albeit at a maximum rate of 10 hours per shift. Percocet and Flector were renewed. The attending provider stated, at the bottom of the report, that the applicant was deriving appropriate analgesia with ongoing medication consumption.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/Voltaren and, by implication, the Flector patches at issue, have not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a large, widespread area for which topical diclofenac/Flector / Voltaren has not been evaluated. The applicant's low back, moreover, is an area which is not readily amenable to topical application. Therefore, the request was not medically necessary.

Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: Conversely, the request for Percocet, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has reportedly returned to and maintained full-time work status as a registered nurse (RN), the treating provider has contended. Ongoing usage of medications, including Percocet, has facilitated the applicant's ability to maintain full-time work status, the treating provider has reported and, moreover, has ameliorated the applicant's ability to perform home exercises, bicycle, and perform yoga. The applicant is, moreover, deriving appropriate analgesia from ongoing Percocet usage, the treating provider reported. All of the foregoing, taken together, did make a compelling case for continuation of opioid therapy with Percocet. Therefore, the request was medically necessary.