

Case Number:	CM15-0037816		
Date Assigned:	03/06/2015	Date of Injury:	07/24/2001
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 61-year-old male who sustained an industrial injury on 7/24/01. He has reported neck injury. The diagnoses have included cervical radiculopathy, cervical degenerative disc disease (DDD), and cervical spondylosis. Treatment to date has included medications, diagnostics, surgery and physical therapy. Surgery included cervical spine fusion and bilateral shoulder and elbow surgeries. Currently, as per physician progress note dated 1/23/15, the injured worker complains of pain with range of motion in neck status post previous cervical fusion. He states that physical therapy helps temporarily and the pain medications take the edge off the pain. He has not responded to conservative care up to this point. The pain is described as continuous with numbness and tingling and it awakens him at night. The x-ray of the cervical spine dated 1/23/15 revealed probable hardware failure with pseudoarthrosis. The Computed Tomography (CT) scan of the cervical spine dated 1/30/15 revealed prior anterior fusion, cervical spondylosis and anterior osteophytes. The current medications included Zolpidem, multiple sclerosis Contin, Percocet, Mobic, Norco and Flector patch. Physical exam of the cervical spine revealed pain over the paraspinal muscles, pain with range of motion, and right lateral rotation was 45 degrees and left lateral rotation was 45 degrees. Treatment was to continue medications. On 1/30/15 Utilization Review non-certified a request for Flector patch 1.3% and Meloxicam 15mg, noting the Official Disability Guidelines and the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines pages 61, 66-67 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 1/30/15 Utilization Review letter states the Flector patch 1.3% requested on the 1/23/15 medical report was denied because "there is lack of documentation that he patient has failed oral NSAIDs" although the same letter states the patient has essentially failed meloxicam which is an oral NSAID. The 1/23/15 medical report was not provided for this review. According to the 2/3/15 orthopedic report, the patient presents with neck pain, followed by shoulder pain, intermittent numbness and tingling into the hands. The patient's diagnoses include possible cervical radiculopathy; history of 2 prior neck surgeries with ongoing neck pain; OA or disc syndrome involving cervical spine. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" under the section on topical NSAIDs states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The available medical reports show the patient with osteoarthritis of the cervical spine. MTUS does not recommend topical NSAIDs such as the Flector patch for use over the spine. The request for Flector patch 1.3% IS NOT medically necessary.

Meloxicam 15mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61, 66-67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Pain Outcomes and Endpoints Page(s): 22, 60, 8-9.

Decision rationale: The 1/30/15 Utilization Review letter states the meloxicam 15mg requested on the 1/23/15 medical report was denied because the patient has been on this medication for at least 2-months and there is lack of documentation of pain relief and increased function. The 1/23/15 medical report was not provided for this review. According to the 2/3/15 orthopedic report, the patient presents with neck pain, followed by shoulder pain, intermittent numbness and tingling into the hands. The patient's diagnoses include possible cervical radiculopathy; history of 2 prior neck surgeries with ongoing neck pain; OA or disc syndrome involving cervical spine. The patient is reported to be using Mobic (meloxicam), as well as Motrin, MS Contin, Percocet, Norco, Mobic and Flector patches. There is no discussion of efficacy with Mobic or any of the medications. There was no discussion as to why the patient requires several non-selective NSAIDs, including Mobic, Motrin and Flector patches. The 2/18/15 report states the patient

returns with a flare up of neck pain. The physician notes the medications were denied, but states the Mobic was decreasing the pain by 20% and this helped improve the patient's sleep hygiene, and with his ability to complete ADLs. The patient is being seen by other physicians for management of colon cancer and UTI. He is on IV antibiotics with a PICC line in the right arm. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The physician was able to document some improvement in pain and function with use of meloxicam. The physician discussed side effects and comorbid conditions. The MTUS documentation requirements for continued use of meloxicam have been met. The request for use of meloxicam 15mg, IS medically necessary.