

Case Number:	CM14-0186464		
Date Assigned:	11/14/2014	Date of Injury:	10/13/1988
Decision Date:	01/06/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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. The expert reviewer is Board Certified in American Board of Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female, who sustained a work related injury October 13, 1988. On July 1, 2014, the injured worker presented to the treating physician for a routine office visit, complaining of persistent right shoulder pain which had been exacerbated by gardening, and for medication refills. The physician documents the pain and weakness of the right shoulder has been present since her accident/injury. On examination there is overall normal muscle strength in the upper and lower extremities with normal bulk and tone. The physician included diagnoses of; chronic pain due to trauma, chronic pain syndrome, degenerative joint disease (multi sites) and pain in joint, site unspecified. The treating physician orders 3 refills of Flector and Norco, to start on July 1, 2014 and instructions for pain reduction by using ice/heat to pain site and counseling regarding adjuncts to pain relief, stretching to tolerance and no driving/operating machinery while taking some medications. On a routine visit October 1, 2014, the treating physician documents the injured workers pain has remained stable and is doing well on medication regime. On examination, muscle strength is documented as; right shoulder abduction, right shoulder flexion, and right shoulder extension there is weakness with 4/5 strength and right elbow extension a normal exam with 5/5 strength. The physician included diagnoses of; chronic pain due to trauma, chronic pain syndrome, degenerative joint disease (multi sites), and pain in right shoulder joint. The treating physician prescribes 3 refills of Flector, Norco, and Soma to begin October 1, 2014, bone health and weight maintenance exercise with caloric modification, pain contract reviewed, and discussed no outside access or illicit drug use will be tolerated. Work status is not documented. According to utilization review performed October 21, 2014; Flector Patches 1.3% Transdermal 12 hour patch #60 x 3 refills (Q12H), remaining Norco 7.5/325mg #30 30 days 3 refills #60 (1/2-1 Q12-24H), and remaining Soma 350mg #30, 30 days 3 refills #60 (1 PRN/HS only) are non-certified as there is no

documentation of a urine drug screen, no documentation of significant and sustained improvement in function associated with opioid treatment, and not in accordance with California MTUS guidelines. There were no recent clinical progress notes in the medical record. The last notes were from 2009 and 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3% Transdermal 12-hour patch, #60 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patches 1.3%, transdermal 12 hour, # 603 refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have fail. Any compounded product that contains at least one drug that is not recommended, is not recommended. Flector patch is indicated for acute strains, sprains and contusions. Diclofenac (Flector) is indicated for relief of osteoarthritis in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there are two progress notes one dated from 2009 the other dated 2010. There are no recent progress notes in the medical record indicating course of treatment, treatment plan for medications in use. The progress note from 2010 shows Flector was in use at that time. There is no clinical documentation as to functional improvement with the patch. Consequently, absent the appropriate documentation, Flector patch 1.3%, transdermal, 12 hour, #603 refills is not medically necessary.

Remaining Norco 7.5mg #30, 30days; 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 7.5 mg #30, 30 days, three refills is not medically necessary. Ongoing, chronic use of opiates requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment

may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the latest progress notes in the medical record are from 2009 and 2010. The injured worker was taking Norco back in 2010. There is no further documentation in the medical record to support the ongoing use of Norco such as objective functional improvement or pain assessments. Consequently, Norco 7.5 mg #30, 30 days, three refills is not medically necessary.

Remaining Soma 350mg #30, 30 days; 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines: Carisoprodol/Soma

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):Pain section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #30, 30 days, three refills is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) putative acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of medicines in this class may lead to dependence. In this case, the latest progress notes in the medical record date back to 2009 and 2010. Soma was prescribed to the injured worker back in 2010. There is no documentation in the medical record through the present indicating objective functional improvement or any other clinical manifestations for that matter. Consequently, absent the appropriate documentation medical record Soma (a short-term muscle relaxant) is not medically necessary. Based on the clinical information in the medical record Soma 350 mg #30, 30 days, three refills is not medically necessary.