

Case Number:	CM14-0190283		
Date Assigned:	11/21/2014	Date of Injury:	05/06/1997
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 patient is a 70-year-old female who reported an injury on 05/06/1997 due to an unknown mechanism. Physical examination on 03/21/2014 revealed complaints of bilateral knee pain. The pain level has increased since last visit. The patient reported quality of sleep is poor and is not trying any other therapies for pain relief. The patient reported that Norco is more effective than the topical patches and ointments. The patient reports her pain as a 10/10 without medication, and reduces to a 4/10 with medications. The injured worker is able to continue 6 hours of yard work daily with use of medications, compared to 0 hours of yard work. The patient reported she continues to have 80% pain relief with her Synvisc injection to the right knee. Examination of the right knee revealed range of motion is restricted with flexion and limited to 125 degrees, but with normal extension. The right knee is stable to valgus stress in extension and at 30 degrees. The right knee is stable to varus stress in extension and at 30 degrees. Range of motion is restricted for the left knee with flexion limited to 95 degrees, but with normal extension. Medications were Aciphex, Flector patch, Norco 10/325 mg, Senna 8.6 mg softgel, Lidocaine 5% ointment, and Atenolol 50 mg. The rationale and Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant DR 60 mg Capsules, once daily as needed # 30 one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 69.

Decision rationale: The request for Dexilant DR 60 mg Capsules, once daily as needed #30 one refill is not medically necessary. The California Medical Treatment Utilization Schedule recommends clinicians to determine if the patient is at risk for gastrointestinal events and patients at high risk for gastrointestinal events with no cardiovascular disease. The clinical documentation submitted for review did not indicate that the injured worker was taking this medication. The clinical documentation indicated that the injured worker was taking Aciphex. It was not indicated that the injured worker had a history of peptic ulcer, GI bleed, or perforation. There was no documentation of significant benefit resulting from the use of this medication. Therefore, this request is not medically necessary.

Flector 1.3% Patch, apply 1-2 patches daily as needed # 60, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs Page(s): 111.

Decision rationale: The decision for Flector 1.3% patch, apply 1 to 2 patches daily as needed, quantity 60, 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. The indications for use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4 to 12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip, or shoulder. The clinical documentation did not indicate where the injured worker was using the Flector patches. Furthermore, the guidelines recommend Flector patches for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation indicating that the injured worker had failed a trial of antidepressants and anticonvulsants. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

