

Case Number:	CM14-0212651		
Date Assigned:	12/30/2014	Date of Injury:	09/20/1999
Decision Date:	03/04/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Emergency 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:

Patient with reported date of injury on 9/20/1999. Mechanism of injury is described as a slip and fall. Patient has a diagnosis of cervical degeneration, major depression and anxiety. Patient is post R shoulder arthroscopic surgery on 2/12/13. Also had 2 other surgeries to the L shoulder in 2000, R carpal tunnel release in 2003, L shoulder surgery in 2006 and cervical fusion in 11/2007. Medical reports reviewed. Last report available until 12/5/14. Patient complains of chronic neck pain. Pain is unchanged. Worst with driving and activity. Pain "decreases" with flexeril and norco. Objective exam reveals neck pain with limited range of motion. Strength and sensation in upper extremities are normal. Medications listed include Flexeril, Lidoderm, Prilosec, Norco, Senna, Aspirin, Calcium, Flector patch, Glipizide, Lipitor, Lisinopril/HCTZ, Voltaren gel, Humulin, Elavil-amitriptyline and mefformin. Comorbid medical problems include Hypertension and diabetes. Independent Medical Review is for Relafen 500mg #60 and Flector patch 1.3%. Prior Utilization Review on 12/5/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Review of provided documentation states that this prescription has 2 refills. As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use especially for patients with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular problems. Patient is also on aspirin and it may also interact with aspirin therapy and increases risk of bleeding. Patient has noted high blood pressure and diabetes. While short term use may be warranted, this prescription with 2 refills is not consistent with short term use. The provider has not documented rationale for using NSAID in a high risk patient and appropriate monitoring of patient for potential cardiovascular and blood pressure complications. Relafen is not medically necessary.

Flector Patch 1.3 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Flector patch

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

Decision rationale: Review of records do not reveal total number of requested patches but 2 refills were noted on request. As per MTUS Chronic Pain Guidelines topical analgesics such as Flector(Diclofenac epolamine) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Diclofenac has evidence for its use in in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient has been using this chronically with no noted objective improvement in pain or function. Due to documentation that does not show efficacy and an incomplete prescription, chronic use of Flector is not medically necessary.