

Case Number:	CM14-0086881		
Date Assigned:	07/23/2014	Date of Injury:	10/18/2003
Decision Date:	06/03/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/10/2014

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. 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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 76 year old male, who sustained an industrial injury on 10/18/03. He has reported initial complaints of falling backwards off a trailer/truck on to a concrete floor with pain in the head, left shoulder, arm and left knee. The diagnoses have included lumbar radiculopathy, cervical strain status post cervical fracture, thoracic strain, left shoulder strain, left elbow strain, and left knee strain. Treatment to date has included medications, physical therapy, occupational therapy, activity modifications, and diagnostics. The diagnostic testing that was performed included computerized axial tomography (CT scan) scan, x-rays, Magnetic Resonance Imaging (MRI) and electromyography (EMG)/nerve conduction velocity studies (NCV). Currently, as per the physician progress note dated 4/21/14, the injured worker complains of low back pain that radiates to the legs and knees with occasional numbness. He also reports neck pain that radiates to the left shoulder and upper extremity with tingling. There were also complaints of mid back pain, left shoulder pain, left elbow pain, gastrointestinal upset due to medications and difficulty sleeping due to pain. Physical exam revealed decreased lumbar, cervical and left shoulder range of motion, spasms, and positive Spurling's sign to the left in the cervical region and positive straight leg raise on the right. The physician requested treatments included Flector Patches 1.3% QTY 60, Norco 10/325mg QTY 75 and 1 Renal and liver function test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3% QTY 60: Upheld

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

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

Decision rationale: Topical NSAIDs such as Flector are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is not clear from the record however, where the Flector was to be applied in this case and therefore medical necessity cannot be determined. Furthermore, the record indicates this worker was advised not to take Flector due to elevated creatinine. The request is not medically necessary.

Norco 10/325mg QTY 75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case there is insufficient documentation of improvement in function in response to opioids to substantiate the medical necessity for Norco. The request is not medically necessary.

1 Renal and liver function test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: Periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests are recommended for all patients prescribed NSAIDs. This worker was using Flector and OTC NSAIDs at the time the lab was ordered, therefore these tests were reasonable and necessary. Furthermore the worker was reported to have elevated blood pressure and elevated creatinine which would also be a rationale for renal function testing. The request is medically necessary.