

Case Number:	CM15-0001546		
Date Assigned:	01/12/2015	Date of Injury:	02/28/2003
Decision Date:	03/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 64 year old female who sustained an industrial injury on 2/28/2003 and one on 2/10/1999. She has reported neck pain and bilateral shoulder and arm pain. The diagnoses have included chronic recurrent musculoligamentous injury of the cervical spine and trapezius muscle, mild cervical degenerative disc disease, prior bilateral shoulder surgeries, fibromyalgia, osteoarthritis and post arthroscopy of the left knee and obesity. Treatment to date has included TENS (transcutaneous electrical nerve stimulation) unit, medication management, use of a cane and therapy. Currently, the Injured Worker complains of neck pain radiating to hands, bilateral shoulder pain and intermittent left arm and hand tenderness. Treatment plan included Vicodin 5/300mg #60 and Flector Patches 3% #60. On 12/8/2014, Utilization Review non-certified Vicodin 5/300mg #60 and Flector Patches 3% #60, noting the lack of medical necessity. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/5/2015, the injured worker submitted an application for IMR for review of Vicodin 5/300mg #60 and Flector Patches 3% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Vicodin 5/300mg Qty 60 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement or ability to return to work. The request for Vicodin is not medically necessary.

Flector Patches 3%, Qty 60: 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), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Flector[®] patch (Diclofenac Epolamine)

Decision rationale: Flector Patches 3%, Qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Guidelines do not specifically address Flector Patch but do discuss Diclofenac topical which is an ingredient in Flector Patch and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The ODG states that Flector Patch is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. Flector patch is FDA indicated for acute strains, sprains, and contusions. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. 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. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. The documentation does not indicate intolerance to oral medications. The request is not clear as to which body part this patch is for. The guidelines reveal that there is no data of efficacy of Flector patch after 2 weeks. For these reasons the request for Flector Patch is not medically necessary.