

Case Number:	CM15-0013582		
Date Assigned:	02/02/2015	Date of Injury:	05/30/2007
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/23/2015

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: New York, West Virginia, Pennsylvania
 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:

This 60 year old woman sustained an industrial injury on 5/30/2007 after falling while walking up stairs. Current diagnoses include bilateral shoulder pain with chronic sprain/strain, rotator cuff tendinopathy and tear; bilateral palm pain with sprain/strain and carpal tunnel syndrome; bilateral knee pain with sprain/strain and degenerative joint disease; and right ankle pain with sprain/strain. Treatment included oral medications, physical therapy, home exercise program, and aqua therapy. Physician notes dated 12/1/2014 show complaints of chronic progressive pain in her bilateral shoulders, bilateral knees, and left shin. Recommendations include x-ray of bilateral knees, consider viscosupplementation injection to bilateral knees if appropriate pending x-ray results, continue home exercise program, consider orthopedic surgery referral in the future if needed, renewal of medications, and urine drug screening. On 12/26/2014, Utilization Review evaluated prescriptions for Diclofenac 1.5 % in dms0 cream #60 with no refills, Lyrica 50 mg capsule #60 with no refills, Norco 5/325 mg tablet #60 with no refills, Orphanadrine ER 100 mg tablet #60 with no refills; that were submitted on 1/23/2015. The UR physician noted the following: regarding Diclofenac cream, there is little evidence to use topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Regarding Lyrica, there is no documentation of failure of a trial of Gabapentin. Regarding Norco, there is no documentation of a significant change in VAS score or objective functional improvement to warrant continued use. Regarding Orphanadrine ER, there is no documentation of a significant change in VAS score or objective functional improvement to warrant continued use. MTUS, ACOEM Guidelines, (or

ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 1.5% cream #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 71.

Decision rationale: Topical analgesics are experimental with few research trials which show efficacy or safety. Diclofenac is an NSAID used to treat osteoarthritis and is recommended it be used on the lowest effective dose for the shortest amount of time. The clinical notes failed to provide efficacy of this medication and the medication was noted to be requested in both topical and oral form concurrently. In this case, there is no documentation of significant change in functional improvement with the use of topical NSAIDs in this patient. Furthermore, there is no documentation that antidepressants and anticonvulsants have failed prior to treating neuropathic pain with NSAIDs. For all of these reasons, topical diclofenac is not medically necessary and appropriate.

Lyrica 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 99.

Decision rationale: Lyrica is an anticonvulsant which has been shown to be effective for treatment of neuropathic pain. In this patient, there is no documentation of neuropathic pain. In addition, there is no documentation of failure of a trial with Gabapentin in this patient prior to this request. For these reasons, this request is not medically necessary and appropriate.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

Decision rationale: Guidelines recommend the use of opioid medication doses up to 100-120 morphine equivalent dosages daily in the treatment of chronic pain provided that good functional improvement is noted and provided that compliance is ascertained via drug testing and use of a written drug agreement. In this case, there is no documentation of the efficacy of opioids in treating the patient's pain and there are no documented objective measures of improvement of function. As efficacy and improvement in function is not documented, the medication should be tapered and ultimately discontinued.

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64.

Decision rationale: Orphenadrine is an antispasmodic which is used to decrease muscle spasms and conditions such as low back pain. Guidelines do not support the long term use of muscle relaxants. In this case, there is no documentation that orphenadrine is efficacious or that it improved function in this patient which is required to warrant continued use of the medication. Due to the lack of proven efficacy, orphenadrine is not medically necessary and appropriate in this case.