

Case Number:	CM15-0118294		
Date Assigned:	06/26/2015	Date of Injury:	02/21/2011
Decision Date:	07/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/18/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 48-year-old male, who sustained an industrial injury on 2/21/11. The initial diagnosis and symptoms experienced by the injured worker were not included in the documentation. Treatment to date has included medications, home exercise program, rest, physical therapy, ice and surgery. Currently, the injured worker complains of right knee pain and swelling. The pain is interfering with his sleep pattern. The injured worker has an altered gait, but is no longer using a cane. He rates his pain level as 8/10. The injured worker is diagnosed with a right knee meniscal tear (surgically repaired), right knee arthritis and plica syndrome. He is currently temporarily totally disabled. The injured worker was evaluated on 4/15/15, which revealed continued right knee pain with a clicking noise noted. The note also states therapy is being held for now as the knee is bone on bone, and that the injured worker is able to engage in activities of daily living and improved function with the medications. A note dated 4/23/15 states the injured worker continues to have decreased range of motion, sensitivity to touch and increased pain in his knee. A request for the following medications; Flector 1.3% patch #60 (one patch every 12 hours as need for low back pain), Norco 10/325 #180 (one tablet every 4-6 hours as needed for pain), Trazadone 50 mg #60 (1-2 tablets at bedtime) is sought to decrease his pain, improve his sleep pattern and maintain his current level of functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch place 1 patch q12 hours as needed to the low back #60: Upheld

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

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

Decision rationale: Flector patch is a topical non-steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID. Based on the patient's records, the prescription of FLECTOR patches 1.3% #60 is not medically necessary.

Norco 10/325 1 tab every 4-6 hours prn pain #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.

Trazadone 50mg 1-2 tabs qHS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." *Int J Psychiatr Nurs Res* 10(1): 1146-1150.

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. There is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone 50 MG #60 is not medically necessary.