

Case Number:	CM15-0118427		
Date Assigned:	06/26/2015	Date of Injury:	09/23/2009
Decision Date:	08/11/2015	UR Denial Date:	06/01/2015
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 9/23/09. The injured worker was diagnosed as having multilevel lumbar spondylosis with right lumbar radiculitis and stenosis, multilevel cervical spondylosis, left thoracic outlet syndrome with associated left upper extremity double crush findings, bilateral carpal tunnel syndrome, bilateral shoulder adhesive capsulitis, bilateral de Quervain tenosynovitis, and chronic pain syndrome with depression and gastritis. Treatment to date has included the use of a cane, peripheral percutaneous neurostimulation, psychotherapy, and medication. The injured worker has been using Flector patches since at least 2/5/15. Currently, the injured worker complains of back pain with radiation to bilateral lower extremities. The treating physician requested authorization for Flector patches 1.3% #30 with 5 refills and Desvenlafax 50mg #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% quantity 30 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: Based on the 02/05/15 progress report provided by treating physician, the patient presents with back pain into her legs. The request is for Flector Patches 1.3% Quantity 30 With Five Refills. RFA with the request not provided. Patient's diagnosis on 02/05/15 includes multilevel lumbar spondylosis with right lumbar radiculitis and stenosis, upper extremities overuse syndrome, bilateral carpal tunnel syndrome, shoulder adhesive capsulitis, bilateral de Quervain's tenosynovitis, and chronic pain syndrome with depression, sleep disturbance, gastritis, psychomotor slowing and incontinence. Patient's gait is slow, restricted, and cane assisted. Physical examination on 02/05/15 revealed global tenderness with restriction on all movement. Treatment to date has included the use of a cane, peripheral percutaneous neurostimulation, psychotherapy, and medications. Patient's medications include Tramadol, Flector patches, Pristiq, Prilosec, and Flexeril. Patient's work status not available. Treatment reports provided from 06/14/13 -12/11/14. Flector patch is Diclofenac in a topical patch. Regarding topical NSAIDs, MTUS topical analgesics pages 111-113 states: Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Flector patches were included in patient's prescriptions, per progress report dated 02/05/15. It is not known when this medication was initiated. According to MTUS, topical NSAID is indicated for peripheral joint arthritis/tendinitis. The patient does have a diagnosis of de Quervain's tenosynovitis and bilateral carpal tunnel syndrome, for which Flector patch would be indicated. However, treater has not provided reason for the request, nor indicated what body part would be treated. Per 02/05/15 report, the patient presents with back pain. MTUS Guidelines state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. MTUS page 60 also requires recording of pain and function when medications are used for chronic pain. Given the lack of specific discussion regarding this topical product, it cannot be assumed that it has resulted in pain reduction and functional improvement, otherwise not achieved without this product. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Desvenlafax 50mg quantity 30 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Based on the 02/05/15 progress report provided by treating physician, the patient presents with back pain into her legs. The request is for Desvenlafax 50mg Quantity 30 with Five Refills. RFA with the request not provided. Patient's diagnosis on 02/05/15 includes

multilevel lumbar spondylosis with right lumbar radiculitis and stenosis, and chronic pain syndrome with depression, sleep disturbance, gastritis, psychomotor slowing and incontinence. Patient's gait is slow, restricted, and cane assisted. Physical examination on 02/05/15 revealed global tenderness with restriction on all movement. Treatment to date has included the use of a cane, peripheral percutaneous neurostimulation, psychotherapy, and medications. Patient's medications include Tramadol, Flector patches, Pristiq, Prilosec, and Flexeril. Patient's work status not available. Treatment reports provided from 06/14/13 -12/11/14. Pristiq is Desvenlafaxine. MTUS Chronic Pain Medical Treatment Guidelines, pgs. 13-16 for Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." Pristiq (Desvenlafaxine) has been included in patient's medications, per progress reports dated 02/05/15 and 05/01/15. It is not known when Pristiq was initiated. Per 02/05/15 report, treater states "there is slight improvement in [patient's] depression. The peripheral percutaneous neurostimulation and the Pristiq were helpful. Continue Pristiq 50mg p.o. q. day for depression." Given patient's diagnosis and discussion of medication efficacy, continuing Pristiq would appear to be indicated. However, treater is requesting 5 refills, which is excessive, and treater does not document why the patient requires such a high dose. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. Therefore, the request is not medically necessary.