

Case Number:	CM15-0124395		
Date Assigned:	07/08/2015	Date of Injury:	05/13/2010
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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 (IW) is a 58-year-old female who sustained an industrial injury on 05/13/2010. She reported pain in the right ankle, cervical strain and contusion s of the left cheek and right knee. The injured worker was diagnosed as having rule out cervical disc injury, annular tear, L4-5, Lumbar radiculopathy, Protrusion 2mm L2-S1 with neural encroachment. Treatment to date has included physical therapy, pain medications, diagnostic testing, and acupuncture. On the visit of 05/05/2015, the worker complains of low back pain rated 8/10. She has cervical pain with left greater than right upper extremity symptoms 5/10 scale, Paralleling headache, right ankle pain 5/10 scale. Treatment includes a recent successful trial of topical antiepileptic drug. There is a failed trial of oral antiepileptic drug and antidepressant. On exam, the lumbar range of motion is: Flexion 40%, extension 30%, left and right lateral tilt 35%, left and right rotation 30%. The has a positive straight leg raise bilaterally and diminished sensation left greater than right at L4, L5, and S1 dermatomal distribution. There is tenderness of the right ankle greatest at joint line, and pain with range of motion of foot at ankle. Medications include Hydrocodone orally, and Flexeril patches. The plan of care includes anticipated qualifying medical exam scheduled 05/14/2015, continue with request for chiropractic treatment, and medications. Requests for authorization were made for the following: 1. Hydrocodone 7.5mg #60 twice a day. 2. Flector patches 1.3% #30, and 3. Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg #60 twice a day: Upheld

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

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

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury of 2010. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence for utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Hydrocodone 7.5mg #60 twice a day is not medically necessary and appropriate.

Flector patches 1.3% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Per Guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic injury. There is no documented functional benefit from treatment already rendered. The Flector patches 1.3% #30 is not medically necessary and appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement; Opioids, steps to avoid misuse/addiction; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none is provided. The Urine drug screen is not medically necessary and appropriate.