

Case Number:	CM15-0126273		
Date Assigned:	07/13/2015	Date of Injury:	05/07/1993
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/01/2015

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, Pain Management

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 56 year old male who sustained an industrial injury on 5-7-97. The injured worker was diagnosed as having multilevel disc disease, disc protrusion L4-4 and L3-4 and subacromial impingement right shoulder. Currently, the injured worker was with complaints of low back pain with pain and numbness to the left lateral thigh. Previous treatments included medication management. Previous diagnostic studies included a magnetic resonance imaging from November of 2014 revealing multilevel lumbar disc protrusion at L3-L4; radiographic studies of bilateral knees reveal bilateral tricompartmental osteoarthritis with no change from July of 2011. The injured work status was noted as maximum medical improvement, retired. The injured workers pain level was noted as 8/10. Objective examination was notable for lumbar spasms, tightness, decreased Achilles reflexes, flexion at waist to 60 degrees with back a noted pop. The plan of care was for Flector 1.3% transdermal patch, apply 1 patch transdermal 2 times a day quantity of 60 with 5 refills and Hydrocodone 7.5-325 milligrams, one per day quantity of 30 no refill specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal patch, apply 1 patch transdermal 2 times a day #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding the request for Flector, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, 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." Within the documentation available for review, none of the aforementioned criteria have been documented. Given the above, the requested Flector is not medically necessary.

Hydrocodone 7.5/325, one per day #30 no refill specified: 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 Opioids, (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for hydrocodone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone is not medically necessary.