

Case Number:	CM15-0173174		
Date Assigned:	09/25/2015	Date of Injury:	11/11/2002
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 11-11-02. The injured worker has complaints of neck pain, shoulder pain and knee pain. The documentation on 7-23-15 noted that the injured worker rates her pain at least a 6 and at worst an 8 and that medications improves her condition. Cervical spine examination revealed decreased neck range of motion bilaterally, tenderness to palpation cervical paraspinal muscle and positive spasm. Bilateral cervical trigger point, bilateral trapezius trigger point, bilateral rhomboid trigger point and positive bilateral tenderness to palpation cervical facets joint C5-C7. There is limited active range of motion with pain and tenderness throughout in the lower extremities. The diagnoses have included pain in joint shoulder; pain in joint lower leg and muscle spasm. Treatment to date has included cymbalta; trazodone; clonazepam; norco and two right total knee replacements. The injured worker reports that the opioid medication is decreasing pain level and improving function. The original utilization review (9-1-15) denied the request for norco 10/325 #90; flector patches 1.3 percent patch #30 and lidoderm 5 percent (t00mg, patch) 30 for not being medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 11-11-02. The medical records provided indicate the diagnosis of pain in joint shoulder; pain in joint lower leg and muscle spasm. Treatment to date has included cymbalta; trazodone; clonazepam; norco and two right total knee replacements. The medical records provided for review do not indicate a medical necessity for Norco 10/325 MG #90. The request is not medically necessary. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication; but to continue opioids if the patient has returned to work. The medical records indicate the injured worker has been on this medication at least since 04/2015, but with no overall improvement; rather the injured worker is not working.

Flector Patches 1.3 Percent Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Flector® patch (diclofenac epolamine).

Decision rationale: The injured worker sustained a work related injury on 11-11-02. The medical records provided indicate the diagnosis of pain in joint shoulder; pain in joint lower leg and muscle spasm. Treatment to date has included cymbalta; trazodone; clonazepam; norco and two right total knee replacements. The medical records provided for review do not indicate a medical necessity for Flector Patches 1.3 Percent Patch #30. The request is not medically necessary. Flector patch is a topical analgesic containing Diclofenac. The MTUS states that the topical analgesics are largely experimental drugs primarily recommended for use in the treatment of neuropathic pain that has failed treatment with antidepressants and anticonvulsants. The Official Disability Guidelines states that Flector patch is not recommended as a first-line treatment. Although topical Diclofenac is a recommended topical analgesic, they are recommended only for treatment of osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. The Official Disability Guidelines states that Flector patch is

FDA indicated for acute strains, sprains, and contusions; however, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. The medical records do not indicate the requested treatment with flector patch based on lack of documentation of why failure of first line Medications and NSAIDs, or contraindications to their use.

Lidoderm 5 Percent (700 MG/Patch) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 11-11-02. The medical records provided indicate the diagnosis of pain in joint shoulder; pain in joint lower leg and muscle spasm. Treatment to date has included cymbalta; trazodone; clonazepam; norco and two right total knee replacements. The medical records provided for review do not indicate a medical necessity for Lidoderm 5 Percent (700 MG/Patch) #30. Lidoderm patch is a topical analgesic containing 5% L lidocaine. The MTUS states that the topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Therefore, since there is no evidence the injured worker is being treated for post-herpetic neuralgia, the requested treatment is not medically necessary.