

Case Number:	CM15-0174947		
Date Assigned:	09/16/2015	Date of Injury:	11/19/2012
Decision Date:	12/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49-year-old male, with a reported date of injury of 12-27-2010. The diagnoses include chronic pain syndrome, chronic right shoulder pain, right shoulder internal derangement, chronic left shoulder pain, left shoulder internal derangement, status post bilateral shoulder surgery, low back pain, and head injury. The progress report dated 07-21-2015 indicates that the injured worker had bilateral shoulder pain, right worse than the left, with radiation of pain to the bilateral upper extremity. The injured worker also had bilateral low back pain. The injured worker had the same subjective complaints during his visit on 05-26-2015. The injured worker's pain ratings were not indicated. The treating physician indicates that the urine drug screen (06-23-2015) results "were consistent with medications". The physical examination showed tenderness upon palpation of the bilateral shoulders; restricted range of motion of the bilateral shoulders in all directions; positive right shoulder impingement signs, Neer's, and Hawkin's; restricted lumbar range of motion in all directions; normal muscle strength in all limbs; and intact sensation to light touch and pinprick in all limbs. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 02-24-2015, which showed evidence of bilateral median neuropathy at the wrists and ulnar neuropathy at the bilateral elbows. Treatments and evaluation to date have included Voltaren, Prilosec, Norco (since at least 03-2015), bilateral shoulder replacement surgery, Percocet, Gabapentin, Diclofenac sodium (since at least 03-2015), and Etodolac. The request for authorization was dated 08-12-2015. The treating physician requested Flector patch #60 and Norco 10-325mg #90. On 08-19-2015, Utilization Review (UR) non-certified the request for Flector patch #60 and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch, Qty 60: 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: Flector patch, Qty 60 is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non steroidal anti-inflammatory (NSAID) Diclofenac, which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The ODG states that Flector patch is FDA indicated for acute strains, sprains, and contusions. The documentation indicates that the patient has chronic pain, specifically shoulder and low back pain. This medication is not indicated for chronic pain and there are not extenuating factors necessitating its use. Additionally, Diclofenac is not indicated for the spine or shoulder. For all of these reasons, the request for Flector Patch is not medically necessary.

Norco 10/325 mg Qty 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.

Decision rationale: Norco 10/325 mg Qty 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement. Therefore, the request for continued Norco is not medically necessary.