

Case Number:	CM15-0024647		
Date Assigned:	02/17/2015	Date of Injury:	05/11/1998
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 67-year-old female who sustained an industrial injury on 5/11/98 after a slip and fall. The injured worker reported symptoms of neck pain with occasional associated headaches. The diagnosis included cervical spondylosis, cervical degenerative disc disease, thoracic degenerative disc disease. Comorbid conditions include Sleep Apnea. Treatments to date include oral pain medication. In a progress note dated 12/11/14 the treating provider reports the injured worker was "doing well in managing the chronic pain related to underlying cervical spondylosis...no evidence of neurologic dysfunction." On 1/22/16 Utilization Review non-certified the request for Fletcher Patch quantity of 60, Effexor 75 milligrams quantity of 60, Oxycontin 10 milligrams quantity of 60, and Lidocaine 5% patch quantity of 60 . The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fletcher Patch #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73, 111-3.

Decision rationale: Diclofenac-Epolamine Topical Patch (Flector Patch) is a combination non-steroidal anti-inflammatory (NSAID) medication indicated for topical treatment of acute pain due to minor strains, sprains & bruises. It combines diclofenac and epolamine in a product formulated for use as a topical analgesic. Topical analgesic medications have been shown to give local analgesia. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for osteoarthritis or neuropathic pain when trials of antidepressants and anticonvulsants have failed. Studies have shown NSAIDs have been effective when given topically in short-term use trials for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. This patient has been diagnosed with cervical spondylosis, which is a form of degenerative osteoarthritis affecting the joints of the cervical vertebrae. The patient has been using this preparation intermittently for symptom flare-ups for over 6 months and finds it effective in helping control her symptoms. Continued use is not contraindicated. Medical necessity for continued use of this preparation has been established.

Effexor 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 123.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16, 45, 123.

Decision rationale: Effexor (venlafaxine) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder, generalized anxiety disorder (GAD), social phobia and panic disorder. Off label, use has shown it effective for treatment of neuropathic pain and migraines. The MTUS recommends tricyclic and SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. There is no indication for use of this medication to treat non-neuropathic pain. This patient has no diagnosis of neuropathic pain or diagnoses for which use of this medication is indicated. Medical necessity to continue use of this medication has not been established.

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Oxycodone (OxyContin) is a semi synthetic opioid indicated for treatment of moderate to severe pain available in immediate release and controlled release forms. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When being used to treat neuropathic pain it is considered a second-line treatment (first-line medications are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The patient has been using opioids for over 6 months. Her present dose has a total morphine equivalent dose of 60 mg per day. However, the patient does not have neuropathic pain and the provider has not followed the MTUS guidelines for following patients on chronic opioid therapy in that there is no indication of a contract with the patient for single provider prescribing opioid medications and there has been no documentation of urine drug testing or other screening for opioid misuse or abuse. Medical necessity for continued use of this medication has not been established.

Lidocaine 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Topical Analgesics Page(s): 56-7, 111-113.

Decision rationale: Lidocaine patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Since this patient does not have neuropathic pain medical necessity for use of this preparation has not been established.