MAXIMUS Federal Services

Case Number:	CM15-0077122		
Date Assigned:	04/28/2015	Date of Injury:	06/11/2004
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/22/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 6/11/2004. Diagnoses have included lumbar spondylosis and rotator cuff sprain/strain. Treatment to date has included aquatic therapy, lumbar laminectomy and fusion (2011) and medication. According to the progress report dated 3/10/2015, the injured worker complained of low back pain affecting the left lower extremity. She had discomfort over the lateral aspects of both hips. She had numbness and tingling of the left lower extremity. She also complained of right shoulder pain. She reported that her blood pressure had been high. Current medications included Norco, Naproxen and Omeprazole. She rated her pain as 3/10 with medication and 8/10 without medication. Exam of the low back revealed mild myofascial tenderness. The bilateral hip bursas were tender to palpation. Authorization was requested for Norco and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with NSAIDS. Long-term use is not indicated. There was no mention at attempt to wean or failure of Tylenol. Pain response attributed to Norco alone cannot be determined. Based on the guidelines, the continued use of Norco is not medically necessary.

Flector 1.3% patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for the hips along with oral NSAIDS. Topical NSAIDS can reach systemic levels similar to oral NSAIDs. There is limited evidence to support long-term use of Flector. The Flector patch is not medically necessary.