

Case Number:	CM15-0077149		
Date Assigned:	04/28/2015	Date of Injury:	06/28/2013
Decision Date:	05/26/2015	UR Denial Date:	03/26/2015
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 39 year old female, who sustained an industrial injury on June 28, 2013. She reported injuries to the right side of her neck and right hip. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar degenerative disc disease, cervical radiculopathy, left shoulder rotator cuff tear, left shoulder rotator cuff tendinitis, and right knee pain. Diagnostics to date has included MRIs. Treatment to date has included work modifications, physical therapy, chiropractic therapy, and medications including non-steroidal anti-inflammatory, topical non-steroidal anti-inflammatory, muscle relaxant, and opioid. On February 5, 2015, the treating physician noted persistent right knee, neck, low back, bilateral hip, and left shoulder pain. The injured worker complains of ongoing neck and low back pain, which is rated 6-7/10. Her neck pain radiates to the bilateral upper extremities. The physical exam revealed musculoskeletal pain, depression and anxiety, spasms of the lumbar paraspinal muscles, stiffness in the lumbar spine, and a stiff, antalgic gait. The cervical spine exam revealed spasms of the cervical paraspinal muscles, stiffness in the cervical spine, and limited mobility due to pain and spasms. There was left acromioclavicular joint and glenohumeral joint tenderness, and decreased range of motion associated with increased pain. The treatment plan includes non-steroidal anti-inflammatory, topical non-steroidal anti-inflammatory and opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months with persistent 7/10 pain. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen is not medically necessary.

Fletor patch 1.3 % #30: Upheld

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

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. Fletor 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 Fletor in combination with Ibuprofen. Combined system levels of NSAIDS could significantly increase. There is limited evidence to support long-term use of Fletor. The Fletor patch for 4 weeks is not medically necessary.

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

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 in combination with Ibuprofen for months without significant improvement in pain or function. There was no indication of Tylenol or Tricyclic failure. The continued use of Norco is not medically necessary.