

Case Number:	CM15-0079747		
Date Assigned:	04/30/2015	Date of Injury:	02/25/1998
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 71-year-old female, who sustained an industrial injury on 2/25/1998. The documentation submitted for this review did not include the details regarding the initial injury or prior treatments to date. She is status post cervical fusion. Diagnoses include cervical facet arthritis and solid arthrodesis L4-S1. Currently, she complained of neck pain. The records indicated an exacerbation in headaches and neck pain from a fall one month prior. On 12/2/14, the physical examination documented decreased and painful range of cervical motion. The plan of care included Flector Patch 1.3% topically and continuation of Tylenol with Codeine 30/300.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine tab #90 Ref: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the case of this request for a 6-month supply, this is not appropriate nor is it standard of care of opioid medication. Opiates require more frequent follow up for monitoring for aberrant behavior such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Therefore, this request is not appropriate. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supplies the requisite monitoring documentation to continue this medication. This request is not medically necessary.

Flector patch 1.3% #30 Ref: 5: 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 NSAIDs Page(s): 112.

Decision rationale: Regarding the request for Flector Patches, the CA MTUS do not address Flector specifically, but do contain criteria for topical NSAIDs. Topical NSAIDs are indicated for short-term treatment (4-12 weeks) of "osteoarthritis and tendinitis" in joints amenable to treatment such as the elbow, knees, but not of the "spine, hip or shoulder." The Flector has been used since October 28, 2014, and the present request is for another 6-month supply. Although the patient is intolerant of oral NSAIDs, a topical NSAID is not approved for this time course per guidelines. Given this, this request is not medically necessary.