

Case Number:	CM13-0013064		
Date Assigned:	09/19/2013	Date of Injury:	10/28/1996
Decision Date:	08/12/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old male who reported an injury on 10/28/1996. The mechanism of injury was noted to be a fall from a ladder. His prior treatments were noted to be medication management and surgery. The injured worker's diagnoses were noted to be status post left hip total arthroplasty, lumbar radiculopathy, and sciatic neuropathy. The most recent clinical examination submitted for review was on 07/16/2013. The injured worker presented with no additional complaints of changes since last visit. He reported he was in need of medications to be refilled which included tramadol and FluriFlex. He stated he had good relief from those 2 medications. The objective findings demonstrated that the injured worker was well developed, well nourished, and in no acute respiratory or cardiac distress. His vital signs were within normal limits. The treatment plan included physiotherapy to be deferred to the primary treating physician for frequency and modality. Pharmacologically, the injured worker will have refills of tramadol and FluriFlex with a collection of urine for a toxicological screen. The provider's rationale for the request was provided within the documentation dated 07/16/2013. A request for authorization for medical treatment was not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for Tramadol 50 mg is not medically necessary. The California MTUS, Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4As (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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker's most recent clinical evaluation submitted for review fails to provide an adequate pain assessment. Addressing the 4 A's and documented pain assessment according to the recommendations cited are not included in this clinical examination. In addition, the request for tramadol fails to provide a frequency and a quantity. Therefore, the request for Tramadol 50 mg is not medically necessary.

FLURIFLEX CREAM: Upheld

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

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

Decision rationale: The request for FluriFlex cream is not medically necessary. The California MTUS, Chronic Pain Medical Treatment Guidelines address topical analgesics stating they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of system side effects, absence of drug interactions, and no need to titrate. Many of these agents are compounded as monotherapy or in combination for pain control including NSAIDs. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The efficacy of NSAIDs in trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment, but either not afterward or with diminishing effect over another 2-week period. FluriFlex cream contains Flurbiprofen and

cyclobenzaprine. Flurbiprofen is an NSAID and Cyclobenzaprine is a muscle relaxant. According to the guidelines, topical NSAIDs are only effective for a very short-term in the beginning of the treatment phase and cyclobenzaprine is only recommended for a short-term course of therapy. In addition, the guidelines state there is no evidence for use of a muscle relaxant as a topical product. The request for the FluriFlex cream fails to provide a dose, frequency, and quantity. In addition, the request fails to provide an indication of where the topical cream is to be applied. As such, the request for FluriFlex cream is not medically necessary.