

Case Number:	CM13-0028153		
Date Assigned:	11/22/2013	Date of Injury:	02/25/2009
Decision Date:	01/28/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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 patient is a 35-year-old male who reported an injury on 02/25/2009. The mechanism of injury was not provided in the medical records. The patient's symptoms include low back pain. It was noted that his most recent office visit dated 08/27/2013 that the patient reported the tramadol ER had been somewhat helpful, but his work schedule had been aggravating his symptoms and he would like to try something else to help his flares that is non-narcotic. His medications were noted as tramadol ER 150 mg twice a day, extra strength Tylenol as needed, and Lidoderm patches. The objective findings were noted as ongoing tenderness in his lumbar paraspinal muscles. His diagnosis was noted as lumbar discogenic pain. He was also noted to be on detox for narcotic abuse. A recommendation was made for him to try a Butrans 5 mg patch once a week to see if that helps. He would stay on the tramadol ER, and a Flector patch would also be added, which he could alternate with the Lidoderm patches on his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mg patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77-78.

Decision rationale: The California MTUS Guidelines state that the steps to take before a therapeutic trial of opioid medications includes attempt to determine if the pain is nociceptive or neuropathic, as neuropathic pain may require higher doses of opioids, and opioids are generally not recommended as a first-line therapy for some neuropathic pain; a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonpaid analgesics; before the initiation of therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting those goals; baseline pain and functional assessment should be made; pain-related assessment should include history of pain treatment and the effect on pain and function; the likelihood should be assessed that the patient could be weaned from opioids if there is no improvement in pain and function; the patient should have at least 1 physical and psychosocial assessment by the treating doctor to assessment whether a trial of opioids should occur; the physician should discuss the risks and benefits of the use of controlled substances with the patient; a written consent or pain agreement for chronic use is not required, but recommended, as it may make it easier for the physician to document the patient's education, the treatment plan, and the informed consent; and the use of a urine drug screen should be considered to assess for the use or the presence of illegal drugs. Additionally, when initiating opioid therapy, if the patient is having continuous pain, extended release opioids are recommended. The patient was noted to presently be taking an extended release opioid, as tramadol ER 150 mg twice a day, and it was noted that the patient reports that his pain is intermittently aggravated by his work. Therefore, the request for Butrans patches as an extended release opioid medication is not supported. Additionally, the patient is known to have issues with narcotic abuse, which are not elaborated on in the documentation. Therefore, it is not known whether this opioid medication is appropriate. Additionally, the detailed documentation required by the guidelines prior to starting a therapeutic trial of opioids was not provided within the medical records. As such, the request is non-certified.

Flector patches: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

Decision rationale: The California MTUS Guidelines state the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and of short duration. 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. The FDA-approved topical NSAID are noted as Voltaren gel, and non-FDA approved agents are noted as ketoprofen. The Official Disability Guidelines address Flector patches specifically, and state that they are not recommended as a first-line treatment. It further states that where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk trial with diclofenac. The Flector patch is FDA-indicated for acute strains, sprains, and contusions. The

patient's diagnosis is noted as lumbar discogenic pain and he is not noted to have an acute strain, sprain, or contusion. Therefore use of the Flector patch is not indicated. Additionally, it is not documented as to whether the patient has had a trial of an oral NSAID. For these reasons, the request is non-certified.