

Case Number:	CM13-0039349		
Date Assigned:	12/18/2013	Date of Injury:	06/02/2003
Decision Date:	02/26/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 51-year-old female who reported a work related injury on 06/02/2003, specific mechanism of injury as the result of a fall. Currently the patient presents for treatment of the following diagnoses, lumbago, grade L5 on S1 spondylolisthesis with pars defect, L3-4 posterior disc bulge, and L4-5 broad posterior disc protrusion with nerve impingement. The clinical note dated 09/06/2013 reports the patient was seen in the clinic under the care of [REDACTED]. The provider documented the patient had decreased lumbar spine range of motion secondary to pain, exam of the patient's right lower extremity revealed previous surgical interventions to the right ankle. The provider documented administering prescriptions for Flector patches and tramadol for the patient's chronic pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence the patient's reports of efficacy with the requested topical analgesic. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, Official Disability Guidelines indicate Flector patch is not recommended as a first line treatment, where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs and after considering the increased risk profile with diclofenac including topical formulations. Given the lack of documentation evidencing a decrease in the patient's rate of pain on a Visual Analog Scale as well as objective functional increases, the request for Flector patches is not medically necessary or appropriate.

Tramadol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with multiple pain complaints status post a work related injury sustained over 10 years ago. The clinical notes failed to document the patient's reports of efficacy with her current medication regimen as evidenced by a decrease of rate of pain on a Visual Analog Scale and increase in objective functionality. The current request does not specify dosage, frequency, or specific amount of tablets to be administered. Additionally, California MTUS Guidelines states "4 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." Given all of the above, the request for tramadol is not medically necessary or appropriate.