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| Case Number: | CM13-0049908 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 05/01/2009 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/22/2013 |

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 56-year-old with a September 14, 2010 date of injury. The patient was lifting 200 lbs when he injured his back. On September 30, 2013, the patient has chronic mid-thoracic spine pain. He had a facet thermal lesioning procedure that left him with some transient post-procedure neuritis and only minimally helped the pain. Objective: tenderness over the right side of the thoracic spine. Diagnostic Impression is Post-Traumatic Back Pain. Treatment to date includes right thoracic medial branch block T6-9, bilateral lumbar radiofrequency rhizotomy January 10, 2013, facet injections, medication management. The UR decision denying the request for Tramadol and Flector patches was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg tablets, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are

prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation in the records provided that the patient is on Tramadol. There is no discussion of functional improvement, continued analgesia, or lack of adverse side effects or aberrant behavior noted. In addition, there is no documentation of CURES monitoring, urine drug screens, or an opiate pain contract. Therefore, the request for Prescription of Tramadol HCL 50mg tablets, sixty count, is not medically necessary or appropriate.

Flector 1.3% patches, fifteen count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Flector Patch Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch).

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. However, there is no documentation that the patient is on Flector patches. There is no documentation of failure of oral NSAIDs, or functional improvement gained from the use of Flector patches. Therefore, the request for Flector 1.3% patches, fifteen count, is not medically necessary or appropriate.