MAXIMUS Federal Services

Case Number:	CM13-0071615		
Date Assigned:	01/08/2014	Date of Injury:	10/14/2011
Decision Date:	04/22/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/27/2013

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is a 43 year old male who was injured on 10/14/2011 while preparing to give an inmate a flu shot, the inmate hit the injured worker in the chest and pushed him into the rail of the tier 300-400 ft above ground. Prior treatment history has included back brace, hot and cold wrap, acupuncture, injection to the trigger finger, therapy, Thermacare wraps, TENS unit, and chiropractic care. Medication history includes Vicodin, Naprosyn, Flexeril, and Celebrex. The patient underwent tenosynovectomy and release along the A1 pulley of the long finger on the right, debridement sublimis tendon. Diagnostic studies reviewed include Electrodiagnostic Study performed on 05/16/2013 revealed no evidence of lumbar radiculopathy or plexopathy. There was no evidence of tibial and peroneal motor or sural sensory mononeuropathy. MRI of the lumbar spine performed on 05/01/2013 revealed at L3-L4, a 3 mm broad-based central and left paracentral disc protrusion with small annular tear and slightly tightening the left lateral recess without obvious nerve root impingement; there was subtle left-sided foraminal narrowing. At L4-L5, there is a broad-based central disc bulge measuring 4.5 mm with an annular tear and slight caudle migration. There was slightly tightening of the lateral recesses, left more than right; neural foramina appear patent. PR2 dated 12/10/2013 documented the patient to have complaints of daily low back pain at a moderate pain level; right hand pain; weakness in the right hand, and occasional spasm in the low back with daily numbness and tingling in the right leg. The patient is currently not working. The patient also admits to depression due to chronic pain and that he had no sleep issues. Objective findings on exam revealed his BP is 130/80 and pulse is 80. The patient is not in acute distress. He is a pleasant gentleman. His range of motion of the left wrist and hand is satisfactory. He has mild limited range of motion of the right wrist and hand due to pain and stiffness. The patient was diagnosed with 1) Discogenic lumbar condition with radicular component associated with spasm; 2) The patient has trigger finger, long finger on

the right status post release; 3) the patient has element of depression; 4) the patient has element of weight gain of 25 pounds. The recommendation for the patient is a prescription for Tramadol ER 100 mg, #30 for long-acting pain relief and Derma care topical patch #30 for the month.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG PER DENIAL 11/21/13 QTY 30: 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, Opioids, specific drug list, Page(s): 76-78 93-94.

Decision rationale: According to the guidelines, the lowest possible dose should be prescribed to improve pain and function. Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release "or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The medical records do not demonstrate clinical findings consistent with moderate to severe pain. There does not appear to be clinical findings or description of pain and loss of function supporting the need for a long-acting, extended-release opioid-class medication. This is a highly potent form of opiate analgesic. The medical records do not demonstrate failure or exhaustion of first-line therapies and self-care measures utilized by the patient to address pain levels. Based on the patient's documented history, subjective complaints and objective findings, a non-opioid medication would be applicable to addressing his pain complaints. The medical necessity of Tramadol ER has not been established at this time.

TRAMADOL ER 100MG FOR NEXT VISIT QTY 30: 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, Opioids, specific drug list, Page(s): 76-78 93-94.

Decision rationale: According to the guidelines, Tramadol is indicated for moderate to severe pain. Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release "or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The 12/10/2013 medical report does not reveal objective findings indicative of moderate to severe pain. There does not appear to be clinical findings or description of pain and loss of function supporting the need for a long-acting, extended-release opioid-class medication. This is a highly potent form of opiate analgesic. The medical records do not demonstrate failure or exhaustion of first-line therapies and self-care measures utilized by the patient to address pain levels. Based on the patient's documented history, subjective complaints and objective findings, a

non-opioid medication would be applicable to addressing his pain complaints. The medical necessity of Tramadol ER has not been established at this time.

TRAMADOL ER 100MG QTY 30: 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, Opioids, specific drug list, Page(s): 76-78 93-94.

Decision rationale: Tramadol (UltramÂ®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release "or "long-acting" opioids, are a highly potent form of Final Determination Letter for IMR Case Number [redacted] opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The medical records do not establish failure or exhaustion with standard first-line therapies. As stated in the guidelines, Tramadol is not recommended as a first-line oral analgesic. In addition, extended release opioids are a highly potent form of opiate analgesia, and without clear substantiation of continuous moderate to severe pain levels based on presenting complaint, clinical findings and history, the medical necessity of this request has not been established.

DERMAL CARE TOPICAL PATCH QTY 30: 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 rationale: The term of Dermal care topical patch is non-specific. The medical documentation does not specify the intended use of this dermal patch, intended body part, and also does not indicate what the primary medicinal components are in this product. The guidelines generally do not support topical analgesics as these products are considered, largely experimental in use with few randomized controlled trials to determine efficacy or safety. Certain topical analgesics may be recommended, depending on whether the analgesic agent is FDA approved and recommended for a particular condition, such as osteoarthritis (OA) of small joints, if the patient is not tolerant to oral medications, or if other interventions have been exhausted. However, the medical records do not demonstrate any of these issues are present in this case, and as stated, there is lacking relevant specific information regarding this requested product. Consequently, the medical records do not establish the medical necessity of the request for dermal care topical patch.

DERMAL CARE TOPICAL PATCH QTY 30 FOR NEXT VISIT: 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 rationale: The term of Dermal care topical patch is non-specific. The medical documentation does not specify the anticipated use of this dermal patch, intended body part, and also does not indicate what the primary medicinal components are in this product. The guidelines generally do not support topical analgesics as these products are considered, largely experimental in use with few randomized controlled trials to determine efficacy or safety. Certain topical analgesics may be recommended, depending on whether the analgesic agent is FDA approved and recommended for a particular condition, such as OA of small joints, if the patient is not tolerant to oral medications, or if other interventions have been exhausted. However, the medical records do not demonstrate any of these issues are present in this case, and as stated, there is lacking relevant specific information regarding this requested product. Consequently, the medical records do not establish the medical necessity of the request for dermal care topical patch.