

Case Number:	CM14-0013022		
Date Assigned:	02/24/2014	Date of Injury:	09/22/2006
Decision Date:	06/26/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 22, 2006. Thus far, the applicant has been treated with the following: analgesic medications; topical agents; attorney representation; a cane; a walker; unspecified amounts of aquatic therapy and physical therapy; and epidural steroid injection therapy. In a Utilization Review Report of January 10, 2014, the claims administrator denied a request for oral Tramadol and topical Flector. The applicant's attorney subsequently appealed. In a medical-legal evaluation of May 31, 2013, it was acknowledged that the applicant was off of work, on total temporary disability. At that point, the applicant was alleging that recently developed diabetes and hypertension were a function of her industrial injury. In an appeal letter dated January 23, 2014, the attending provider noted that the applicant carried diagnoses of low back pain, diabetes, hypertension, de-conditioning, anemia, and knee arthritis. The attending provider stated that Flector patches were helpful in managing the applicant's knee complaints and were preferable to oral non-steroidal anti-inflammatory drugs (NSAIDs) in light of the applicant's issues with anemia and hypertension. The attending provider stated that ongoing usage of Tramadol had resulted in improvement in function but did not, however, detail precisely what improvements in function were achieved as a result of ongoing Tramadol usage. On September 5, 2012, the applicant was described as using Lortab for pain relief. The applicant was not working at that point in time, either. On December 26, 2013, the applicant presented with 8/10 pain with medications and 10/10 pain without medications. The applicant was limited in terms of several activities of daily living, including self-care, personal hygiene, and ambulating. The applicant exhibited a slow and antalgic gait through usage of a walker. Tramadol, Robaxin, Flector, and Norco 7.5/325 were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF FLECTOR 1.3% PATCH #4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac (Voltaren) section. Page(s): 112.

Decision rationale: Flector is a derivative of diclofenac (Voltaren). As noted in the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Flector is indicated in the treatment of small joint arthritis which lends itself toward topical treatment. In this case, the applicant does in fact carry a diagnosis of bilateral knee arthritis. The attending provider has posited that the applicant is anemic and/or hypertensive, making her a poor candidate for oral non-steroidal anti-inflammatory drugs (NSAIDs) therapy. The attending provider has seemingly suggested that ongoing usage of Flector has been beneficial in specifically alleviating the applicant's knee pain complaints. Unlike the request for Tramadol, the attending provider has seemingly provided a compelling rationale for continued usage of and selection of Flector patches. Therefore, the request is medically necessary.

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF TRAMADOL HCL 50MG # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic, When to Continue Opioids topic. Page(s): 78,80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, however, the attending provider has seemingly furnished the applicant with two separate short-acting opioid agents, namely Tramadol and Norco. It is not clearly stated why the applicant needs to use two separate opioids. It is further noted that the applicant does not clearly meet criteria set forth in the MTUS guidelines for continuation of opioid therapy. Specifically, the applicant has not returned to work. There is no clear evidence of improvements in function achieved as a result of ongoing Tramadol usage. Rather, the attending provider wrote on the December 26, 2013 progress note that the applicant was limited in terms of even basic activities of daily living such as walking, standing, personal hygiene, etc. The applicant's negligible drop in pain scores from 10/10 to 8/10 with Tramadol usage appears to be outweighed by the lack of

improvement in terms of activities of daily living and failure to return to work. Therefore, the request is not medically necessary.