MAXIMUS Federal Services

Case Number:	CM14-0131356		
Date Assigned:	08/20/2014	Date of Injury:	02/25/2014
Decision Date:	10/03/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

The patient is a 55-year-old male who has submitted a claim for lumbosacral spondylosis associated with an industrial injury date of February 25, 2014.Medical records from 2014 were reviewed. The patient complained of pain at the neck, bilateral shoulder, upper back, low back, right knee and left ankle. Current pain medications include ibuprofen, hydrocodone, and Flector patches. He is currently not working. Physical examination of the lumbar spine showed tenderness over the midline and bilateral lumbosacral area and bilateral buttocks; pain on flexion maneuvers; and bilateral hamstring tenderness. Examination of the right knee showed tenderness over the medial and lateral joint lines; crepitus to the knee joint; and right quadriceps atrophy. Left ankle examination revealed tenderness over the inferior aspect of the ankle and over the malleolus region. Lumbar MRI dated July 19, 2014 revealed L3-4 and L4-5 facet degenerative changes, disc desiccation, disc bulge, and lateral recess narrowing; L3-4 neural foraminal narrowing; L2-3 facet degenerative changes, disc desiccation, disc protrusion, and neural foraminal narrowing; and lumbar scoliosis. The diagnoses were lumbar spine degenerative disc disease with early spondylosis; lumbar spine sprain/strain; right knee, quadriceps rupture with surgical tendon repair on April 24, 2012; right knee, status post chondroplasty and debridement of the lateral meniscus on July 11, 2013; and left ankle sprain/strain, improving.Treatment to date has included oral and topical analgesics and physical therapy.Utilization review from August 12, 2014 denied the request for 60 tablets of ibuprofen 800mg because response to its prior use was not discussed. It was also uncertain how long the patient has been on NSAID medication. The request for 60 tablets of tramadol-APAP 50 mg was denied because there were no baseline functional assessment, psychosocial assessment, documented evidence of a pain contract, and urine drug screen. The request for 60 Flector 1.3% Patches was also denied because

it was uncertain why topical NSAID was prescribed with oral NSAID. The specific areas for the intended application of the patches were also not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

50 Tablets of Ibuprofen 800 Mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, ibuprofen can be taken for mild to moderate pain as 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. There is no evidence of long-term effectiveness for pain or function. In this case, Ibuprofen 800mg was taken as far back as March 2014. However, overall pain relief and functional outcome from Ibuprofen use was not documented. Furthermore, the guidelines do not recommend Ibuprofen dose of greater than 400mg. The long-term use of Ibuprofen is not in conjunction with guidelines recommendation as well. Therefore, the request for 50 Tablets of Ibuprofen 800Mg is not medically necessary.

60 Tablets Of Tramadol-Apap 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, Ultracet use was noted as far back as May 2014. However, the medical records provided did not reflect continued analgesia and functional improvement from its use. Moreover, urine drug screens for monitoring of aberrant drug-taking behavior were not done. The patient is also currently not working. The guideline requires clear documentation of functional and pain improvement, appropriate medication use, and return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 60 Tablets Of Tramadol-Apap 50mg is not medically necessary.

60 Flector 1.3 % Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal Anti-inflammatory Agents (NSAIDs), Page(s): 111-112.

Decision rationale: According to pages 111-112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Indications for topical NSAIDs include osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment and short-term use (4-12 weeks) is recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. In this case, use of Flector patch was noted as far back as March 2014. However, there was no documentation of functional gains directly attributed to its use. Furthermore, concurrent use of ibuprofen was noted. There is no discussion concerning failure of oral NSAID to manage pain that use of warrant topical preparation. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 60 Flector 1.3 % Patches is not medically necessary.