

Case Number:	CM14-0042829		
Date Assigned:	06/30/2014	Date of Injury:	11/11/2008
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Practice, 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:

This 30 year old male claimant sustained a work related injury on 11/13/08 involving the neck, shoulder, and back. He has a diagnosis of thoracic strain, lumbar strain with radicular symptoms, and cervical disc herniation. A progress note on 3/19/14 indicated the claimant had on going back pain. There was lumbar spine tenderness on both sides as well as reduced range of motion in flexion, extension, lateral bending, and rotation. Neurologic findings were unremarkable. The symptoms were treated with Trazodone, Ultracet, and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30, 1 tab by mouth at bedtime, refill:1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: Trazadone is an SSRI antidepressant. According to the MTUS guidelines, SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition.

Based on lack of clinical supporting documentation and the guidelines above, the use of Trazadone is not medically necessary.

Flector Patch 1.3% #60 twice a day as needed refills:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Flector is a topical NSAID. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy in clinical trials for topical NSAIDs such as Flector have been inconsistent; most studies are small and of short duration. 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. They have not been evaluated for treatment of the spine, hip or shoulder. Based on the above guidelines, the use of the Flector patch is not medically necessary.

Ultracet #60 1 tab by mouth 1 4-6hrs as needed refill:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

Decision rationale: Ultracet contains Ultram (Tramadol and Acetaminophen). Tramadol is a synthetic opioid affecting the central nervous system. There are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy and the use of Tramadol. Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. It is also recommended for a trial if there is evidence of contraindications for use of first-line medications. In this case, there is no indication that first-line agents such as acetaminophen or NSAIDs have failed. There is also limited evidence to support its use for lumbar pain. Therefore, Ultracet is not medically necessary.