

Case Number:	CM14-0071345		
Date Assigned:	07/14/2014	Date of Injury:	06/18/2010
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/16/2014

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 patient is a 58-year-old male who was injured on 06/18/2010. The mechanism of injury is unknown. Prior medication history included Flector patches, Anaprox, Skelexin, Tramadol, and Soma. Progress report dated 04/16/2014 indicates the patient presented with worsening pain and discomfort from back, hips and legs with increased spasms. Objective findings on exam revealed moderate spasm of the lumbar spine with 20% decreased horizontal torsion and lateral bend, mildly positive straight leg raise bilaterally. Diagnosis is degenerative disk disease of the lumbosacral spine. The treatment and plan included refills of medication including Flector patches 1.3% #100; Ultram 50 mg #200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% one (1) bid, #100 with one refill: 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.flectorpatch.com/>.

Decision rationale: This is a request for Flector patches for a 58-year-old male with chronic low back pain and lumbar degenerative disc disease. However, according to MTUS guidelines, topical analgesics are not recommended for the spine. Further, use is only recommended short-term, 4-12 weeks, yet the patient is prescribed Flector patches long-term. In addition, records fail to demonstrate significant functional improvement from use of this medication. Medical necessity is not established.

Ultram for pain, 50 mg 1-2 every 4-6 hours #200 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

Decision rationale: According to CA MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use for chronic low back pain is not clearly established. Tramadol is not recommended for longer than 3 months use for osteoarthritis. In this case, Tramadol is prescribed on a long-term basis for chronic low back pain. However, medical records fail to demonstrate clinically significant functional improvement or improved quality of life from use of Tramadol. Medical necessity is not established.