MAXIMUS Federal Services

Case Number:	CM14-0186544		
Date Assigned:	11/14/2014	Date of Injury:	10/15/2008
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine and is licensed to practice in New York. 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 52 year old female sustained work related industrial injuries on October 15, 2008. The mechanism of injury was not described. She subsequently complained of pain in her cervical spine, lumbar spine and left shoulder. The injured worker was diagnosed with cervical sprain/strain, shoulder impingement, and lumbar sprain/strain. According to the treating physician notes dated August 28, 2014, the physical exam revealed spasm and tenderness in the paravertebral muscles of the cervical and lumbar spines. There was a decreased range of motion on flexion and extension. Documentation also noted that the injured worker would like to refrain from aggressive treatment and that she was awaiting authorization for acupuncture and physical therapy. Treatment consisted of pain medication and periodic follow up visits. As of August 28, 2014, the injured worker's work status remains modified work duties. The treating physician prescribed services for Tramadol ER 100mg 360 with 5 refills, Flector patches #60 with 5 refills now under review. On October 24, 2014, Utilization Review evaluated the prescription for Tramadol ER 100mg 360 with 5 refills, Flector patches #60 with 5 refills requested on October 20, 2014. Upon review of the clinical information, UR modified the request to one month supply of Tramadol for weaning purposes and noncertified the request for Flector patches #60 with 5 refills. UR denied requested prescriptions secondary to the lack of supporting clinical documentation for functional improvement or decrease in pain from medication and the recommendation of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the quantity of medication requested indicates long term use of Tramadol. There is no documentation in the medical record that the patient has achieved analgesia with the use of the Tramadol. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary and appropriate.

Flector patches #60 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector Patch.

Decision rationale: Flector, the topical NSAID Diclofenac, is not recommended as a first-line treatment. Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac. Post-marketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term

studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. In this case the requested quantity of medication surpasses the maximum two week period of efficacy for Flector patches. There is no indication for 6 month supply of Flector patches. The request is not medically necessary and appropriate.