

Case Number:	CM15-0133650		
Date Assigned:	07/21/2015	Date of Injury:	09/05/1989
Decision Date:	08/18/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is an 82-year-old female, who sustained an industrial injury on 9/5/89. She reported neck and arm pain. The injured worker was diagnosed as having cervical and lumbar degenerative disc/failed surgery with recurrent protrusion and spinal stenosis in both areas. Treatment to date has included C5-6 and C6-7 discectomies, microdiscectomy at L4-5 and bilateral arthrodesis at L4-5, C4-7 fusion, injections, physical therapy, shoulder surgery, TENS, massage therapy, trigger point injections, and medication. On 6/28/15, pain was rated 7/10 with medication. Currently, the injured worker complains of low back pain and neck pain. The treating physician requested authorization for Flector patches #60 and Ultracet 37.5mg #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 06/15/15).

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. 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. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. Pain response was not noted to Flector and total pain reduction with Ultracet use was not substantial. The Flector patch is not medically necessary.

Ultracet 37.5mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use Page(s): 78, 82, 84, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain increased over time and pain score improvement with medication was not as robust. Long-term use of Tramadol is not indicated. Failure of Tylenol was not noted. The continued use of Ultracet (containing Tramadol) as above is not medically necessary.