MAXIMUS Federal Services

Case Number:	CM15-0182553		
Date Assigned:	09/23/2015	Date of Injury:	01/02/1991
Decision Date:	10/28/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 a 60 year old female, who sustained an industrial injury on 01-02-1991. She has reported injury to the low back. The injured worker has been treated for chronic lower back pain; degeneration lumbar disc; chronic neck pain; degeneration cervical disc; chronic pain syndrome; and depressive disorder. Treatments have included medications, diagnostics, rest, ice, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, injections, physical therapy, home exercise program, chiropractic therapy, and surgical intervention. Medications have included Hydromorphone, Morphine Sulfate, Motrin, Tylenol, Trazodone, Fetzima, and Flector Patch. A progress report from the treating physician, dated 08-18-2015, documented an evaluation with the injured worker. The injured worker reported she continues to have pain in the lower back and right side in her right arm and leg; she cannot even open a jar or the kitchen drawers without pain in the right side; the Hydromorphone causes itching at night so that she cannot sleep; she uses the Hydromorphone and Morphine Sulfate sparingly, and she is wondering if there is any other medication she can try; she states that the functional restoration program has helped her; she uses a timer constantly and it helps her pace herself; the program has taught her how to move; and she has attended 12 out of the 20 days of the functional restoration program, and she will complete it. Objective findings included she is not in any acute distress; her gait is very mildly antalgic with a mild thoracic stoop; affect is appropriate and pleasant; she does not exhibit any pain behaviors or any aberrant behaviors; and strength in the bilateral upper extremities is grossly 5 out of 5. The treatment plan has included the request for Tramadol 50mg #60; and Flector 1.3% patch #30 with 2 refills. The original utilization review,

dated 08-28-2015, non-certified a request for Tramadol 50mg #60; and Flector 1.3% patch #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury in January 1991 while working as an occupational therapy and has a history of one lumbar and two cervical spine surgeries. She has chronic pain with secondary depression, anxiety, and insomnia. In May 2015, Hydromorphone and extended release morphine were being prescribed and she was participating in a functional restoration program. She was seen in August 2015, as part of the functional restoration program. She was having itching from Hydromorphone, was unable to sleep, was taking the extended release morphine sparingly, and was wondering about trying another medication. Physical examination findings included appearing in no acute distress. There was a mildly antalgic gait and a stooped thoracic posture. There was normal strength. Tramadol was prescribed. Hydromorphone was discontinued. Flector had been prescribed in November 2014 for 6 months and was refilled. Her past medical history includes sleep apnea, allergies and mild asthma. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there was no assessment of VAS pain score or specific examples of how medications were affecting her function or quality of life. The claimant was in no acute distress and Tramadol is used for moderate pain, which is not documented. The prescribing of Tramadol is not considered medically necessary.

Flector 1/3% patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury in January 1991 while working as an occupational therapy and has a history of one lumbar and two cervical spine surgeries. She has chronic pain with secondary depression, anxiety, and insomnia. In May 2015, Hydromorphone and extended release morphine were being prescribed and she was participating in a functional restoration program. She was seen in August 2015, as part of the functional restoration program. She was having itching from Hydromorphone and was unable

to sleep and was taking the extended release morphine sparingly and was wondering about trying another medication. Physical examination findings included appearing in no acute distress. There was a mildly antalgic gait and a stooped thoracic posture. There was normal strength. Tramadol was prescribed. Hydromorphone was discontinued. Flector had been prescribed in November 2014 for 6 months and was refilled. Her past medical history includes sleep apnea, allergies and mild asthma. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Additionally, if a topical NSAID were being considered, a trial of generic topical Diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not recommended as a first-line treatment. Flector is not considered medically necessary.