MAXIMUS Federal Services

Case Number:	CM15-0020594		
Date Assigned:	02/10/2015	Date of Injury:	12/07/1992
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/04/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73-year-old female who reported an injury on 12/07/1992. The mechanism of injury was not provided. The surgical history included a left knee replacement, rotator cuff repair, carpal tunnel release bilaterally, right hip replacement, thumb bone replacement, and spinal fusion L2-4. The injured worker had a history of gastric bypass surgery, and was noted to have an inability to tolerate NSAIDs. The injured worker had physical therapy. The injured worker was noted to utilize the Flector patches and tramadol since at least 11/2014. The documentation of 01/27/2015 revealed the injured worker had left knee, right hip, and fibromyalgia pain. The documentation indicated the injured worker had been able to decrease from 6 tablets of tramadol 50 mg to 3 tablets to 4 tablets per day. The injured worker was utilizing diclofenac 1.5% in addition to topical cream. The physical examination revealed 1+ tenderness over the right greater trochanteric bursa without redness or swelling. The diagnosis included bursitis hip, hip joint replacement by other means, myalgia and myositis, obesity, chronic pain syndrome, opioid type dependence, unspecified abuse, and insomnia. The treatment plan included 12 sessions of physical therapy for the hip. The medications included tramadol hydrochloride 50 mg 1 tablet as needed orally 4 times a day 30 days #120, and refill Flector patches 1.3% 1 patch to skin transdermal every day 30 days #60. Additionally, the request was made for a refill of diclofenac 8% and bupivacaine 1% topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker had objective functional improvement, objective decrease in pain, and there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol HCL 50mg #60 is not medically necessary.

Flector patch 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDS Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that 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. The indications for the use of topical NSAIDS are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The clinical documentation submitted for review indicated the injured worker had utilized the medication previously. Additionally, there was documentation the injured worker was concurrently using 2 NSAID topicals including Flector and diclofenac. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency and body part to be treated. Additionally, the treatment plan was noted to indicate that the patch would be replaced

daily, and as such would not support a necessity for 60 patches. Given the above, the request for Flector patch 1.3% #60 is not medically necessary.