

Case Number:	CM15-0031728		
Date Assigned:	02/25/2015	Date of Injury:	01/17/2003
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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 57 year old female with an industrial injury dated 01/17/2003. She presented on 02/19/2014 with complaints of low back pain, which had "spread" over a larger area. According to provider notes MRI showed a progression of a herniated lumbar disc. Knee pain had improved with stretching exercises and she was tolerating medications well with good effects. Physical exam revealed moderate paralumbar myospasm. Prior treatment includes a lumbar laminectomy in June 2004, medications and diagnostics. Diagnosis was lumbar disc disease with nerve root irritation, radiculitis and spondylolisthesis. On 02/09/2015 the request for Flector Patch 1.3% #30 with 2 refills was non-certified by utilization review. MTUS/ODG was cited. The request for Trazadone 100 mg #30 tablets with one refill was also non-certified by utilization review. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Medications for chronic pain Page(s): 111-113, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Flector patch.

Decision rationale: The patient presents with pain and weakness in her lower back, right knee and lower extremity. The request is for FLECTOR PATCH 1.3% #30 WITH 2 REFILLS. The patient is currently taking Metformin and Oxycodone. The patient appears to have not tried Flector patch in the past. Regarding topical NSAIDs, MTUS Topical Analgesics, page 111-113 states, Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). ODG Guidelines, chapter Pain and Topic Flector patch state that: 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 patient does present with right knee pain for which Flector patch may be indicated. However, the treater does not mention how this topical is being used with what effectiveness in terms of pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Trazodone 100 mg #30 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & stress chapter, Trazodone (Desyrel).

Decision rationale: The patient presents with pain and weakness in her lower back, right knee and lower extremity. The request is for TRAZODONE 100MG #30 WITH 1 REFILL. MTUS Guidelines page 13 to 15 do support the use of antidepressants for neuropathic pain. In regards to it's use for insomnia, ODG guidelines support it if concurrent depression is documented. In this case, the treater requested Trazodone for sleep for the first time. This patient meets the indication for this medication as there is report of insomnia and depression. Therefore, the request IS medically necessary.