

<b>Case Number:</b>	CM15-0035805		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 54-year-old female who sustained an industrial injury on 11/21/2007. Current diagnoses include low back pain, spasm of muscle, and cervical radiculopathy. Previous treatments included medication management, physical therapy and epidural injection. Report dated 01/27/2015 noted that the injured worker presented with complaints that included neck pain with radiation to the right arm. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Current medication regimen includes citalopram Hbr, Ultram, Tylenol, Percocet, gabapentin, and Zocor. Utilization review performed on 02/16/2015 non-certified a prescription for Flector patch and Ultram, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Topic Flector.

**Decision rationale:** Based on the 1/27/15 progress report provided by the treating physician, this patient presents with neck pain radiating down the right arm rated 8/10, unchanged from last visit. The treater has asked for FLECTOR 1.3% PATCH SIXTY COUNT on 1/27/15. The treater states: restart flector patch, as patient with significant pain and cannot tolerate gabapentin. Her pain has resurfaced after her recent cervical epidural steroid injection earlier in January 2015 per 1/27/14 report. The request for authorization was not included in provided reports. The patient is currently taking Citalopram, Ultram, Tylenol, Percocet, Gabapentin, and Zocor per 1/27/14 report. The patient is s/p a cervical epidural steroid injection on January of 2015 that slowly began to return 2 weeks after procedure per 1/27/14 report. The patient is s/p cervical radiofrequency rhizotomy on 2/6/13, and patient states she had to stop the procedure before it was complete as her arm went numb during the procedure per 1/27/14 report. The patient is reported to have had prior use of flector patch, but review of reports dated 9/30/14 to 1/27/14 did not find any mention of its efficacy. The patient's work status is not working per 9/30/14 and 10/28/14 reports. 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, this patient appears to have tried Flector patch in the past but the efficacy was not documented. The treater does not mention how this topical is to be used. MTUS only supports a short-term use and the treater does not indicate that it is to be used for short-term only. Furthermore, this patient does not present with peripheral joint arthritis/tendinitis for which topical NSAIDs are indicated. The request IS NOT medically necessary.

**Ultram 50 mg, tablet, thirty count with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 1/27/15 progress report provided by the treating physician, this patient presents with neck pain radiating down right arm. The treater has asked for ULTRAM 50MG TABLET THIRTY COUNT WITH ONE REFILL on 1/27/15. The request for authorization was not included in provided reports. The patient is currently taking Citalopram, Ultram, Tylenol, Percocet, Gabapentin, and Zocor per 1/27/14 report. The patient is s/p a cervical epidural steroid injection on January of 2015 that slowly began to return 2 weeks after procedure per 1/27/14 report. The patient is s/p cervical radiofrequency rhizotomy on 2/6/13, and patient states she had to stop the procedure before it was complete as her arm went numb during the procedure per 1/27/14 report. The patient is reported to have had prior use of flector

patch, but review of reports dated 9/30/14 to 1/27/14 did not find any mention of its efficacy. The patient's work status is not working per 9/30/14 and 10/28/14 reports. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Ultram has been included in patient's medications per treater reports dated 9/30/14, 10/28/14 and 1/27/15. In this case, the patient does state medications are working well. She still has pain symptoms on a continuous basis, but they are alleviated by current meds. However, the treater has not stated how Ultram reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.