

Case Number:	CM15-0040541		
Date Assigned:	03/10/2015	Date of Injury:	04/04/2011
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 a 32 year old female who sustained an industrial injury on 05/01/2006 - 04/04/2011. The injury is documented as continuous trauma resulting in injury to lumbar spine. She presents on 01/22/2015 with complaints of lumbar spine pain rated at 5/10. Examination revealed upright posture and negative paraspinal tenderness. Diagnoses were lumbar spine sprain/strain, lumbar spine radiculopathy by history, lumbar 5-sacral 1 posterior disc bulge (positive per MRI) and bilateral hip anterior labral tear. The injured worker had been receiving medications. The injured worker is working modified duties. Utilization Review on 2/10/15 non-certified the request for Tramadol 50 mg #90 and Flector patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 refills times two: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. In this case, the injured worker is followed for chronic neuropathic pain, and the request for Tramadol 50 mg, three per day, is supported to allow the injured worker decrease in pain and increase in function. The request for Tramadol 50mg #90 refills times two is medically necessary.

Flector patch #30 times two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector patch, Topical Analgesics Page(s): 47, 110-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Flector patch (diclofenac epolamine).

Decision rationale: Per the MTUS guidelines, 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. According to ODG Flector patch (diclofenac epolamine) is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions (FDA, 2007). ODG also notes that, "With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. The AGS updated Beers criteria for inappropriate medication use includes diclofenac (AGS, 2012)." The medical records indicate that Flector Patch has been prescribed for an extended period of time. The FDA approves this medication for acute use only, and given the significant risk profile associated with Diclofenac containing agent, this request is not supported. The request for Flector patch #30 times two refills is not medically necessary.