

<b>Case Number:</b>	CM15-0050356		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	06/22/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 59-year-old female, with a reported date of injury of 06/22/2006. The diagnoses include neck sprain, shoulder/arm sprain, and lumbar region sprain. Treatments have included physical therapy, lumbar spine surgery, oral medications, and epidural injections. The progress report dated 02/04/2015 was handwritten. The report indicates that the injured worker had lumbar spine pain, with radiation to the right lower extremity. The objective findings include walking with crutches and decreased range of motion in the lumbar spine. It was noted that the physical therapy was helpful. The treating physician requested Flector patches, Tramadol, and Physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches:** Upheld

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

**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 (ODGPain (Chronic)Flector® patch (diclofenac epolamine).

**Decision rationale:** The injured worker sustained a work related injury on 06/22/2006. The medical records provided indicate the diagnosis of neck sprain, shoulder/arm sprain, and lumbar region sprain. Treatments have included Tramadol, Gabapentin, Naproxen, physical therapy, lumbar spine surgery, oral medications, and epidural injections. The medical records provided for review do not indicate a medical necessity for Flector patches. Flector patch is a topical analgesic containing Diclofenac. The records indicate the injured worker has Gastrointestinal upset to NSAIDs, there is failed treatment with Gabapentin, the pain is not responding to Tramadol. Although the injured worker is being treated with Bupropion (an antidepressant), there is no indication he has failed treatment with Tricyclic antidepressants, a first line treatment for neuropathic pain. The MTUS recognizes the topical analgesics as experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Although the MTUS recommends the use of 1% Voltaren(Diclofenac), for relief of osteoarthritis pain of the ankle, elbow, foot, hand, knee, and wrist, the MTSU does not recommend it for use on the spine, hip or shoulder, and therefore is not medically necessary.

**Tramadol 150 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 06/22/2006. The medical records provided indicate the diagnosis of neck sprain, shoulder/arm sprain, and lumbar region sprain. Treatments have included physical therapy, lumbar spine surgery, oral medications, and epidural injections. The medical records provided for review do not indicate a medical necessity for Tramadol 150 mg #60. The records indicate the has been taking this medication for at least 7 months, without evidence of pain improvement or improvement in function, the injured worker is currently not working. The MTUS recommends discontinuation of opioid treatment if there is no overall improvement in pain and function, and therefore the requested treatment is not medically necessary.

**Physiotherapy 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The injured worker sustained a work related injury on 06/22/2006. The medical records provided indicate the diagnosis of neck sprain, shoulder/arm sprain, and lumbar region sprain. Treatments have included physical therapy, lumbar spine surgery, oral medications, and epidural injections. The medical records provided for review do not indicate a medical necessity for Physiotherapy 6 visits. The provider's note stated physical therapy helps, but the records did not indicate the number of visits the injured worker has had recently, and how soon. Additionally, the injured worker was placed on off duty. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks. The MTUS also, states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels, and therefore this requested treatment is not medically necessary.