

Case Number:	CM15-0056939		
Date Assigned:	04/01/2015	Date of Injury:	11/21/2007
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 11/21/07. She reported initial complaints of neck, bilateral wrist/hand and low back pain. The injured worker was diagnosed as having brachial neuritis; mood disorder; lumbar disc displacement; carpal tunnel syndrome; backache; back symptoms; cervicobrachial syndrome; cervical spondylosis without myelopathy; spasm of muscle. Treatment to date has included status post TFCC tear repair with removal ganglion cyst (4/15/13; cervical epidural steroid injection C7-T1 9/1/2015); MRI cervical spine; medications. Currently, the PR-2 notes dated 1/27/15, the injured worker complains of neck pain radiating from neck down right arm. The injured worker indicates the pain improved for 2 weeks following a cervical epidural steroid injection C7-T1 of 1/2015. She is now experiencing more pain that is interfering with her sleep; taking medication as prescribed; becoming more anxious. The injured worker has expressed she is not interested in any surgical intervention. The provider indicates the injured worker is not able to take Gabapentin and requested the Flector patch for pain and Ultram PRN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch (sig: 1 patch 2 times daily) Qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. 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)." While it is noted that the injured worker does have wrist pain, the documentation submitted for review does not indicate diagnosis of osteoarthritis or tendinitis. As such, medical necessity cannot be affirmed and is not medically necessary.

Ultram 50 mg tablet (sig: take 1 daily as needed) Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of Ultram nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per progress report dated 2/24/15, it was noted that UDS was performed, however, results were not discussed or available for review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed and is not medically necessary.

