

Case Number:	CM14-0135605		
Date Assigned:	09/08/2014	Date of Injury:	03/19/2005
Decision Date:	10/28/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old male who reported an injury on 03/19/2005 with an unknown mechanism of injury. The injured worker was diagnosed with cervical spondylosis and lumbar myofascial pain. The injured worker was treated with medications and chiropractic therapy. The medical records did not provide diagnostic studies and surgical history. On the clinical note dated 05/06/2014, the injured worker complained of neck pain, low back pain, and occasional shoulder pain. The injured worker had tenderness in the posterior cervical and bilateral trapezial musculature. The injured worker was prescribed Ultram 50mg twice a day and flector patches every 12 hours for acute exacerbations of pain. The treatment plan was for Ultram 50mg #60 with 2 refills. The rationale for the request was not provided in the medical records. The request for authorization was submitted for review on 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Ultram 50mg #60 with 2 refills is not medically necessary. The injured worker is diagnosed with cervical spondylosis and lumbar myofascial pain. The injured worker complains of neck pain, low back pain, and occasional shoulder pain. The California MTUS guidelines recommend ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines recommend dosing of opioid medications not exceed 120mg oral morphine equivalents per day. The injured worker's medical records lack the documentation of pain rating pre and post medication, current pain rating, the least reported pain over the period since last assessment, the average pain rating, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation that indicates whether there are side effects and aberrant drug related behaviors present. The documentation did not include a recent urine drug screen. The injured worker has been prescribed Ultram 50mg since at least 05/06/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Also, the request does not indicate the frequency of the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. As such, the request for Ultram 50mg #60 with 2 refills is not medically necessary.

Flector patches #60 with 2 refills: 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): 111-112.

Decision rationale: The request for Flector patches #60 with 2 refills is not medically necessary. The injured worker is diagnosed with cervical spondylosis and lumbar myofascial pain. The injured worker complained of neck pain, low back pain, and occasional shoulder pain. The California MTUS Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. They are recommended for short term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Diclofenac is indicated for relief of osteoarthritis pain joints that lend themselves to topical treatment (such as the ankle, elbow, foot, hand, knee, and wrist). The medical records lacked documentation of a failed trial of antidepressants and anticonvulsants. The medical records also do not indicate the efficacy of the current medication regimen to include functional status and pain. The medical records do not indicate that the injured worker has not responded to or is intolerant of other treatments. The medical records indicated the injured worker has been using Flector patches since at least

02/04/2014. Additionally, the request does not indicate the dosage, frequency, and application site. As such, the request for Flector patches #60 with 2 refills is not medically necessary.