

Case Number:	CM14-0136024		
Date Assigned:	09/03/2014	Date of Injury:	11/23/2012
Decision Date:	09/30/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

According to the provided documents, this is a 60-year-old woman who was injured on 11/23/12. She sustained a fall and reported injury to the cervical, thoracic and lumbar regions; she also had headaches and right shoulder complaints. There was a left knee arthroscopy on 4/2/14. There are MRIs of multiple body parts. There were electrodiagnostic tests of the upper and lower extremities. There is a PR-2 of 6/23/14 includes subjective complaints in multiple body parts: neck, mid back, low back, bilateral arms and shoulders, bilateral hands and fingers, bilateral legs, thighs and knees. These body parts have diagnoses of sprain and strain of the cervical, thoracic and lumbar regions left wrist, left knee, right knee, left ankle and right ankle. There are diagnosis of bilateral shoulder impingement syndrome, bilateral lateral epicondylitis and ulnar nerve entrapment, bilateral carpal tunnel syndrome. Treatment recommended was Ultram 50 mg 1 twice a day, Motrin 800 mg 1 twice a day with food and Flur-Diclo compound. PT twice a week for 4 weeks for the left knee, L5-S1 epidural steroid injections lumbar spine brace, urine test were also recommended and requested. The patient was off of work. Examination was documented on standardized forms with handwriting. There is tenderness noted in the multiple body parts, range of motion of the various body parts were generally slightly reduced. Are paresthasias C6 on the left, positive Tinel's in the right elbow, no other legible major findings were noted. A 4/21/14 PR-2 indicated the patient was off of work and the medications were Ultram, Motrin and Flur-Diclo compound. Exam of 1/16/14 did not appear to have substantial differences in the objective findings from the other 2 dates. Patient was on modified duty at that point. Medications were for Ultram 50 mg 1 twice a day, Motrin 800 mg 1 twice a day combination topical Flurbiprofen 15% and cyclobenzaprine 10% named FluriFlex. An orthopedic 11/20/13 report also tension prescription of the Ultram, Motrin and FluriFLex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-79, 78-79.

Decision rationale: This is also known as Ultram. This is a short acting opioid formulation. Use of this opiate has been chronic. None of the reports document patient's pain relief with and without the medication thus there is no monitoring of pain relief, there is no mention of side effects, no mention of physical and psychosocial functioning and no mention of of any potentially aberrant or nonadherent drug behaviors. For continued chronic use of opioids, MTUS guidelines recommend documenting what are described as the 4 domains or the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) these are not mentioned in the reports. MTUS guidelines recommend discontinuing opioids if there is no overall improvement in function. In this setting, there is no documentation of any improvement in function. Lacking documentation of appropriate monitoring for chronic opiates and lack of documentation of functional improvement the evidence and the guidelines do not support this continued use of the tramadol. This is not medically necessary.

Flur-Diclo Compound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Page(s): 1; 111-113.

Decision rationale: The actual pharmacological names of the ingredients in this compound are not mentioned in the reports. While this could be a combination of flurbiprofen and Diclofenac, that is only speculation which is inappropriate. Lack of knowledge of the specific ingredients makes it impossible to apply MTUS guidelines to them. Local areas to which this is being applied is not mentioned either. However use has clearly been chronic and there is no documentation of any objective functional benefit from this topical compounded. Thus, based upon the evidence the guidelines, continued use is not supported and is not medically necessary.