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| Case Number: | CM14-0142617 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 07/15/2010 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/03/2014 |

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, 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:

This patient is a 57-year-old female with a date of injury of 07/15/2010. The patients' diagnoses include Lumbar Radiculopathy and Cervical Pain. The patient reports back pain, bilateral elbow pain and bilateral hand pain. On 04/02/2014 the pain was rated as an 8 on a scale of 1 to 10. The treatment plan includes Flurbiprofen 20% Cream applied to affected area twice a day and Tramadol HCl ER 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics Page(s): page(s) 72, 111-112.

Decision rationale: Flurbiprofen is a non-steroidal anti-inflammatory drug or NSAID used for the treatment of osteoarthritis. Topical analgesics and creams are largely experimental with few large studies to support their efficacy. Topical NSAIDs have been shown to be efficacious with initial treatment for osteoarthritis with diminishing returns beyond two to four weeks. As a result, MTUS Guidelines recommends topical NSAIDs for short-term treatment of osteoarthritis and

tendinitis. There is no documented evidence of a diagnosis of osteoarthritis or tendinitis in this patient. Also, there is documentation to suggest previous treatment with Flurbiprofen cream which likely indicates a period beyond the short-term treatment period recommendation. Therefore, the above listed issue is considered to be not medically necessary.

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Page(s): page(s) 82, 93-94, 113.

Decision rationale: Tramadol is a synthetic opioid. According to the medical record Tramadol ER 150 mg is being prescribed for long-acting pain relief. According to the MTUS Guidelines opioid therapy is recommended for short term pain relief. Tramadol is not recommended as a first-line therapy. Occupational Medicine Practice Guidelines do not recommend a course of opioids for more than two weeks. There is no documented evidence of this patient having started on Immediate Release Tramadol with titration to Extended Release. According to MTUS Guidelines, if the patient fails to respond to a time-limited course of short acting opioids there is a suggestion of reassessment and consideration of alternative therapy. There is no clearly documented evidence of reassessment and consideration of alternative therapy. For on-going management with opioid medications recommendations include an assessment of current pain, least reported pain over a period since last assessment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assessment. MTUS Guidelines also recommend consideration of a multidisciplinary pain clinic consultation if pain does not improve on opioids beyond what is usually required or does not improve in 3 months. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. Only the lowest possible dose should be prescribed to improve pain. Patients who are not on immediate release Tramadol should only be started at 100 mg once daily of Tramadol ER. There is no documented medical evidence of the lowest dose necessary for improvement of pain. There is no documented medical evidence of a prescription for Tramadol immediate release and no evidence of starting with 100 mg of Tramadol ER with incremental titration. Therefore, the above listed issue is considered not medically necessary.