

<b>Case Number:</b>	CM15-0161159		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	11/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on 5-15-14. The injured worker has complaints of constant severe 9 out of 10 sharp, stabbing low back pain radiating to bilateral legs with numbness and tingling; constant severe to 8 out of 10 burning right shoulder pain radiating to the cervical spondylosis and down to the fingers with numbness and constant severe to 8 out of 10 right hand pain, numbness and tingling radiating to fingers with numbness. Lumbar spine range of motion for flexion is 40 out of 60 degrees; extension, left lateral bending and aright lateral bending is 10 out of 25 degrees. Straight leg raise causes pain bilaterally. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; lumbar spinal stenosis; lumbago and right rotator cuff tear. Magnetic resonance imaging (MRI) showed evidence of acromioclavicular osteoarthritis, partial thickness supraspinatus tendon tear, and subacromial-subdeltoid bursitis. Treatment to date has included chiropractic sessions; tylenol extra strength; naproxen; pantoprazole; flector patch; creams and tramadol. The original utilization review (7-23-15) non-certified the request for flector patch 1.3%, apply to affected area every 12 hours #30 and tramadol ER 1 by mouth every day #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3%, apply to affected area every 12 hrs #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over a month along with oral NSAIDs, opioids and Tylenol. Topical NSAID can reach systemic levels similar to oral NSAIDs and cause the same stomach issues for the claimant. There is limited evidence to support long-term use of Flector. The Flector patch is not medically necessary.

**Tramadol ER 100mg 1 po qd #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant was on NSAIDs, Tylenol and topical analgesics. Pain reduction with use of Tramadol cannot be determined. The claimant was on Tramadol for over a year and long-term use is not recommended. Continued and chronic use of Tramadol is not medically necessary.