MAXIMUS Federal Services

Case Number:	CM15-0171441		
Date Assigned:	09/11/2015	Date of Injury:	02/21/2005
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female, who sustained an industrial injury on 2-21-05. The injured worker was diagnosed as having lumbar spondylosis and lumbar disc degeneration. The physical exam (2-9-15 through 7-15-15) revealed decrease lumbar extension (10 degrees), decreased right lateral bending (10 degrees) and a negative straight leg raise test. Treatment to date has included a lumbar x-ray on 5-22-15 showing grade 1 anterolisthesis that is worse on flexion, acupuncture with "100% relief", Motrin and Tramadol (since at least 2-9-15) and Flector patch (since at least 6-2-15). As of the PR2 dated 8-3-15, the injured worker reports continued back pain. She rates her pain 7.5 out of 10 without medications and with medications finds at least 50% relief of her back pain. Objective findings include decrease lumbar extension (10 degrees), decreased right lateral bending (10 degrees) and a negative straight leg raise test. The treating physician noted the work status remains permanent and stationary. The treating physician requested Tramadol 50mg #30 and Flector patch #1. On 8-10-15 the treating physician requested a Utilization Review for Tramadol 50mg #30, Ibuprofen 800mg #60, Flector patch #1 and a re-evaluation office visit in 6 weeks. The Utilization Review dated 8-19-15, non- certified the request for Tramadol 50mg #30 and Flector patch #1 and certified the request for Ibuprofen 800mg #60 and a re-evaluation office visit in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Overturned

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, criteria for use.

Decision rationale: MTUS Guidelines supports the use of opioids when they result in meaningful pain relief, support of function and there are no drug related aberrant behaviors. This individual meets these Guideline criteria. Up to 50% pain relief is documented with prn use averaging 1 per day. It is clearly documented that she has returned so part time employment which is one of the main Guideline standards to justify opioid use. There is no evidence of drug related aberrant behaviors. Under these circumstances, the Tramadol 50mg #30 is supported by Guidelines and is medically necessary.

Flector patch #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation www.flectorpatch.com.

Decision rationale: MTUS Guidelines does not support the use of topical NSAIDs for spinal pain. The Guidelines do not specifically address the delivery system of a Flector Patch, but the Guidelines only support Guideline or FDA approved topical indications. The manufacturer's and FDA approved use is only for acute strains and contusions. It is not recommended for chronic conditions. If a topical NSAID was medically reasonable, other delivery methods and strengths could be supported by Guidelines, but not the Flector Patch. There are no unusual circumstances to justify an exception to recommended use. The Flector Patch #1 is not medically necessary.