

Case Number:	CM15-0178784		
Date Assigned:	09/21/2015	Date of Injury:	04/04/2012
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 4, 2012. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for Flector patches and Tramadol-acetaminophen (Ultracet). The claims administrator referenced an August 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 18, 2015 office visit, the applicant reported persistent complaints of neck pain radiating to the right arm. The applicant reported frustration with heightened pain complaints. The attending provider stated that the applicant was off of work and was continuing to receive disability benefits. Weakness about the hand was reported. No seeming discussion of medication efficacy transpired. In a separate work status report dated August 18, 2015 Flector patches and Tramadol were endorsed, again without any seeming discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% #60: 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), Pain, Flector patch (Diclofenac epolamine).

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

Decision rationale: No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical Diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Diclofenac/Voltaren has not been evaluated for treatment of the spine, hip and/or shoulder. Here, the applicant's primary pain generator was, in fact, the cervical spine, i.e. body parts for which topical Diclofenac/Voltaren has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tramadol 37.5/325mg 120 tablets: 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, criteria for use.

Decision rationale: Similarly, the request for Tramadol-Acetaminophen (Ultracet), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and receiving disability benefits, it was reported on August 18, 2015. Heightened pain complaints were evident on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) via either a progress note of August 18, 2015 or an associated work status report of the same date. Therefore, the request was not medically necessary.