

Case Number:	CM15-0024687		
Date Assigned:	02/17/2015	Date of Injury:	02/02/2011
Decision Date:	04/01/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old male, with a reported date of injury of 02/02/2011. The diagnoses include cervical spine sprain/strain, thoracic spine sprain/strain, lumbar sprain/strain, and lumbar herniated nucleus pulposus at left L4-5. Treatments have included oral medications and topical pain medication. The progress report dated 12/29/2014 indicates that the injured worker reported that he had been hurting more recently due to colder weather. The objective findings include positive bilateral patella deep tendon reflexes and bilateral Achilles reflexes, bilateral straight leg raise test to 90 degrees with tight hamstrings, and full painless range of motion of the hips. The treating physician requested Flector patches 1.3% to apply/change every twelve hours for acute exacerbations, and Tramadol 50mg, one tablet every 4-6 hours or two tablets every six hours for pain control. On 01/08/2015, Utilization Review (UR) denied the request for Flector patches 1.3% #60 and Tramadol 50mg #240, with one refill. The UR physician noted that Flector is not indicated for the treatment of chronic low back pain; and that an explanation for the injured worker's persistent pain should have been provided to justify further ongoing chronic treatment. The MTUS Chronic Pain Guidelines were cited.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Flector, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Given all of the above, the requested Flector is not medically necessary.

Tramadol 50mg #240 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that the prescription is for initial use of tramadol. The patient has chronic pain and was previously using Nucynta, which was helping with pain. After discontinuation of that medication, the pain increased. A trial of tramadol appears to be appropriate, but ongoing use would require documentation of the criteria outlined above and the current request for #240 and 1 refill initially is not conducive to regular reevaluation for efficacy, continued need, appropriate medication use, etc., and unfortunately, there is no provision for modification of the request to an appropriate amount of medication. In light of the above issues, the currently requested tramadol is not medically necessary.