

Case Number:	CM15-0097732		
Date Assigned:	05/28/2015	Date of Injury:	06/28/2004
Decision Date:	06/30/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/20/2015

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: Ohio, West Virginia

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

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 59-year-old male, who sustained an industrial injury on 6/28/2004. He reported neck and right arm and shoulder pain. The injured worker was diagnosed as having status post cervical fusion with corpectomy and residual cervical dysfunction, chronic pain, rotator cuff rupture status post-surgery, cervicgia, and carpal tunnel syndrome on right, status post 2 right shoulder surgeries, and right radial tunnel syndrome. Treatment to date has included magnetic resonance imaging of the right shoulder (12/11/2007), neck surgery, 2 shoulder surgeries, physical therapy, medications, TENS, and cortisone injection. The request is for Flector patches, Tramadol, and Ibuprofen. On 1/10/2012, he complained of continued right arm pain. He is reported to be utilizing Tramadol, Ibuprofen and Flector patches prior to this date. He had been tried on longer acting Tramadol that was discontinued due to side effects, and his sensitivity to narcotics. On 6/11/2012, he reported having a flare up of radial tunnel and lateral epicondylitis and a cortisone injection was given which helped for about 4 days. On 12/17/2012, he was seen for flaring up of the right elbow pain without new trauma. On 1/21/2013, he was seen for flare up of the right elbow pain. He is reported to have had 4 physical therapy visits at this point, and found arm exercises helpful, but cervical exercises result in flare ups. On 8/11/2014, he is reported to be stable and keeping his pain under control with medications and exercises. He reported wanting to stop Mobic due to side effects. On 10/20/2014, he had stopped the Mobic and remained on Tramadol, Lidoderm patch, and Ibuprofen. A PR-2 dated 3/27/2015, an urgent care provider indicated he was seen for chronic neck, right shoulder, right arm, and right wrist pain and is out of medications due to his doctor retiring. There are no new physical findings. Examination revealed no reproducible neck, right shoulder, right forearm or right wrist pain. Range of motion and strength are reported as normal. On 5/4/2015, he complained of constant pain that was stabbing in character. He rated his pain 7/10. He is noted to have mild decreased light touch and pinprick sensation of the median nerve and C-6 distribution, and

tenderness to the right shoulder and right wrist. The treatment plan included: Flector patches, Tramadol, and Ibuprofen. The records do not indicate the quantifiable functional improvements are by the use of the requested medications. There are no records available for this review between the dates of 10/20/2014 to 3/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1. 3%, #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long-term use. MTUS also states regarding topical NSAIDS; "Indications: 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. "Further, MTUS specifically states for Voltaren topical (diclofenac) that is it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. " Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. The available medical records indicate that this medication is being utilized for neuropathic and has been for an extended time period, far beyond the recommended 4-12 weeks. Further, the treating physician provides no objective description of improvement from the use of this medication or indication that requires its use beyond the recommended period, which is required if it's use is to be continued. As such, the request for Flector transdermal is deemed not medically necessary.

Tramadol 50mg, #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, specific drug list - Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram ½).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding Tramadol, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. " ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior

efficacy to a combination of Hydrocodone/ acetaminophen. "The available medical record did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. " The available medical record does not provide objective documentation of the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. There is a letter written in 2013 in the record stating that the medications do provide improved life quality but the letter is 2 years old and does not provide any sort of objective data. Further, opioids are only recommended for short-term use. The medical record indicates this IW has been receiving tramadol at least since 2013 and possibly since 2012. As such, the request for tramadol 50mg, #150 is deemed not medically necessary.

Ibuprofen 800mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; Nonselective NSAIDs; Ibuprofen (Motrin, Advil [otc], generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long-term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. " The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen and the continued use of long term and multiple NSAIDS, as in the case with this IW is not indicated. As such the request for Ibuprofen 800mg, #60 is not medically necessary.