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| Case Number: | CM13-0014511 | | |
| Date Assigned: | 10/04/2013 | Date of Injury: | 10/28/2003 |
| Decision Date: | 01/17/2014 | UR Denial Date: | 08/02/2013 |
| Priority: | Standard | Application Received: | 08/21/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 28, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; medical foods; and extensive periods of time off of work. The applicant has apparently retired from the workplace. Permanent work restrictions have apparently been imposed. In a utilization review report of August 2, 2013, the claims administrator certified prescriptions for Effexor, Desyrel, Neurontin, and Naprosyn. Tramadol was partially certified as a 10-tablet quantity of the same. Dendracin and Medrox were not certified. The applicant's attorney later appealed, on August 9, 2013. A later note of August 27, 2013 is notable for comments that the applicant is using numerous topical patches and has ongoing complaints of low back pain radiating to the lower extremities. The applicant is reportedly using Naprosyn, Flexeril, Effexor, Desyrel, Medrox, and Dendracin. The applicant is also using a TENS unit. Additional water therapy and a gym membership are sought. An earlier note of July 23, 2013 is notable for comments that the applicant states that he continues to feel depressed. He remains depressed, but states that he is sleeping better and is able to participate in physical activities and exercises. He states that he is able to exercises without much pain, although he is ambulating with the aid of a cane. Numerous medications are refilled on this date, including tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of improved function, reduced pain, and/or successful return to work. In this case, it appears that two of the three criteria have been met. While the applicant does not appear to have returned to work, he is reporting improved performance of activities of daily living through ongoing opioid usage. He is performing home exercises including participating in water exercises and water therapy. He reports that his mood is heightened and that his pain is diminished. Again, this has been incompletely characterized by the attending provider. Nevertheless, on balance, it does appear that the applicant is benefiting from ongoing tramadol usage and does meet two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioids. Therefore, the original utilization review decision is overturned. The request is certified.

Dendracin Lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is using numerous first-line oral analgesic and adjuvant medications, including Naprosyn, tramadol, Effexor, Desyrel, etc. without any reported difficulty, impediment, and/or impairment, effectively obviating the need for topical pharmaceuticals such as Dendracin which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request remains non-certified, on independent medical review.

Medrox patches (strength and quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The MTUS-adopted ACOEM Guidelines in chapter 3 deem oral pharmaceuticals the most appropriate first-line palliative method. In this case, there is no evidence of oral analgesic failure and/or intolerance so as to make a case for topical compounds such Medrox, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." As noted previously, the applicant is using numerous first-line oral analgesic and adjuvant agents, including Naprosyn, tramadol, Effexor, Desyrel, etc. without any difficulty or impediment.