

Case Number:	CM13-0020417		
Date Assigned:	10/11/2013	Date of Injury:	02/28/2013
Decision Date:	01/28/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesiology has a subspecialty in Acupuncture and Pain 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:

58y/o male injured worker with date of injury 2/28/13 has related lumbar spine pain that radiates to the bilateral lower extremities and to the anterolateral thighs. Physical exam demonstrates limited lumbar range of motion, lumbar tenderness and hypertonicity, positive straight leg raise test bilaterally, and diminished sensation in the bilateral L4, L5, and S1 dermatomes. The injured worker has been treated with physical therapy, the use of a cane and lumbar support, activity modification, and medications including NSAIDs, analgesics, and topical creams. The date of UR decision was 8/6/13. The latest available document for this review was dated 8/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50 mg) #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93 & 113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Side effects: Dizziness, nausea, constipation, headache,

somnolence, flushing, pruritis, vomiting, insomnia, dry mouth, and diarrhea. Per p113, Tramadol is not recommended as a first-line oral analgesic. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal documentation to support the medical necessity of Tramadol and documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The 8/15/13 note appropriately reviews and documents pain relief, functional status improvement, appropriate medication use, and side effects. The injured worker has had a reduction in pain from a level 9 to 5 after taking Ultram, with no side effects. The applicant is currently working as a laborer, though with some difficulties performing his daily activities. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are also necessary to assure safe usage and establish medical necessity. A recent UDS is appropriate. The injured worker at the time of the request presented a low risk for escalation as he has been taking a dose of only 50 mg of Ultram 1-2 times every day which is below the MTUS recommended 50 to 100mg every 4 to 6 hours.

Bio-Therm (Capsaicin 0.002%) 4 oz: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin cream is indicated with positive randomized studies in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The medical records provided for review noted the patient failed NSAIDs, bracing, and PT prior to adding this particular treatment. The request is certified.