

Case Number:	CM13-0027629		
Date Assigned:	03/14/2014	Date of Injury:	09/23/2011
Decision Date:	05/07/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 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/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 patient is a 44 year old male with date of injury 9/23/11. The treating physician report dated 8/19/13 indicates that the patient presents with neck pain, lower back pain, lower extremity pain and right foot pain. The current diagnoses are: 1.Cervical sprain/strain with MRI findings of disc protrusions C4-7. 2.Lumbar sprain/strain with disc protrusion and annular tear at L4/5. 3.Lumbar radiculopathy, right greater than left affecting L4/5 with some S1 distribution. 4.Lumbar facet arthropathy L4-S1. 5.Right foot pain with plantar fasciitis and posterior tibial tenosynovitis. The utilization review report dated 9/10/13 denied the request for Cyclobezaprine and Tramadol/Ketoprofen/Gabapentin compound. The request for Tramadol was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL/OPIOIDS Page(s): 113, 93, 94, 82..

Decision rationale: The patient presents with chronic pain affecting the cervical spine, lumbar spine and right lower extremity pain. The request is for Tramadol 50mg. The treating physician has documented tenderness, muscle spasms and pain with palpation of the facets of C3 through C6 with positive foraminal compression on the right. Lumbar examination findings include positive SLR on the right at 30 degrees, positive Lasegue's bilaterally and positive Patrick Faber test on the right. MRI scan on 3/29/13 of the lumbar spine reveals L3/4, L4/5 and L5/S1 disc protrusions. The treater in this case also states: "At this point, she is tentatively scheduled for surgery of the lumbar spine." The MTUS guidelines support the usage of Tramadol and states: "Tramadol is indicated for moderate to severe pain." There is no documentation provided that indicates that the patient had previously been prescribed this medication. The utilization review report that was submitted states: "Yes, the request for Tramadol 50mg is approved." Recommendation is for authorization.

PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL), Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63-66.

Decision rationale: The patient presents with chronic pain affecting the cervical spine, lumbar spine and right lower extremity pain. The treating physician has documented tenderness, muscle spasms and pain with palpation of the facets of C3 through C6 with positive foraminal compression on the right. Lumbar examination findings include positive SLR on the right at 30 degrees, positive Lasegue's bilaterally and positive Patrick Faber test on the right. MRI scan on 3/29/13 of the lumbar spine reveals L3/4, L4/5 and L5/S1 disc protrusions. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. In review of the records provided beginning 2/5/13. It appears that the patient has been prescribed the medication on an on-going basis. There is no mention that this was to be used for "short-term" only. MTUS does not support on-going, long-term use of this medication. Recommendation is for denial.

COMPOUND MEDICATION: TRAMADOL/KETOPROFEN/GABAPENTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS/NSAIDs/BACLOFEN Page(s): 111-113.

Decision rationale: The patient presents with chronic pain affecting the cervical spine, lumbar spine and right lower extremity pain. The treating physician has recommended the use of the compound Tramadol/Ketoprofen/Gabapentin twice a day. MTUS states that topical analgesics are recommended as an option. On page 111 it states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating

physician has prescribed a compound topical medication that includes Gabapentin. MTUS states:
"Gabapentin: Not recommended. There is no peer-reviewed literature to support use."
Recommendation is for denial.