

Case Number:	CM13-0029650		
Date Assigned:	11/01/2013	Date of Injury:	06/03/2010
Decision Date:	01/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and 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 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 patient is a 33 year old male with injury from 06/03/10. Per [REDACTED] report dated 08/13/13 diagnosis includes severe lumbar discopathy/radiculitis and herniated nucleus pulposus. The IMR application shows a dispute with the 9/16/13 utilization review decision. The 9/16/13 utilization review decision is by Coventry and was based on the 8/13/13 medical report from [REDACTED], and is for denial of Tramadol ER 150mg qd, and Medrox patch 1-2x/day #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride ER 150mg/tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Opioid Use Page(s): 88-89.

Decision rationale: The records show the patient has been on Tramadol since 5/8/12, and there is the general statement "the medications provided the patient with temporary symptomatic relief in the past allowing for continued function on a daily basis including performance of all ADLs". There is no assessment of current pain compared to a baseline using a numerical scale or

validated instrument. The California MTUS states pain should be assessed each visit and function at least every 6-months. The California MTUS reporting requirements have not been met, the readers cannot tell how much pain relief if any the patient is receiving from the medication, there is no discussion as to what function was improved, or what ADL's have improved or in what way, and no reporting of how long the improvement lasts. The medical reporting is not in accordance with MTUS guidelines for continued use of Tramadol or Opioids.

thirty (30) Medrox patches: 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 Page(s): 93-94.

Decision rationale: Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound also contains Capsaicin 0.375%, and MTUS for capsaicin states " There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. " The California MTUS does not appear to support the use of 0.375% Capsaicin; therefore the whole compounded topical Medrox is not supported. The request is not in accordance with MTUS guidelines.