

Case Number:	CM13-0030501		
Date Assigned:	11/27/2013	Date of Injury:	11/03/2011
Decision Date:	02/07/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 42-year-old female who reported an injury on 11/03/2011. The patient has been diagnosed with lumbar disc displacement, back pain and sacroiliitis. Exam notes from 10/17/2013 stated that the claimant was seen for a neck and back pain followup. The patient noted occasional radiation of pain, numbness and tingling down both legs into both feet as well as radiation of pain and numbness down into both arms to hands. The patient has had 24 visits of chiropractic treatment and 20 visits of acupuncture in the past and is currently taking tramadol, Prilosec and Zanaflex as well as using Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Regarding the first request for tramadol ER 150 mg for a total of 60 tablets, under the California MTUS, it states that tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain with a recommendation for

Ultram ER to be started at a dose of 100 mg once daily with a maximum dose of 300 mg per day. As noted in the documentation, the patient has been taking tramadol since at least 04/2013. The clinical documentation from the past few months has noted that the patient's pain level has remained approximately the same at an average of about 7/10. The California MTUS states that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with the open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time and that pain may be improved with the weaning of opioids. At this time, the patient has not shown that her medication is providing a sufficient reduction in her pain. Furthermore, the California MTUS does not recommend the long-term use of opioids; and as noted before, the patient has been on this medication for an extended period of time. Therefore, the requested Tramadol ER 150mg, #60 is non-certified.

Terocin lotion 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Regarding the request for Terocin lotion 120 ml, under the California MTUS it states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Y-agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In the case of this patient, she has been utilizing Terocin lotion for several months. However, Terocin contains capsaicin, which is under the non-recommended ingredients for topical analgesics. Therefore, at this time, the recommended service for Terocin 120 ml is not warranted. As such, the requested service is non-certified.