

Case Number:	CM13-0038068		
Date Assigned:	12/18/2013	Date of Injury:	04/29/2009
Decision Date:	03/17/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine and is licensed to practice in Florida. 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:

This patient reported a date of injury on 4/29/09. The mechanism of injury was moving/pulling a heavy pallet. Relevant documents reviewed include progress notes from 8/28/13 from treating physician [REDACTED]. Subjective complaints include ongoing low back pain and neck pain. Objective findings include cervical spine tenderness, spasm, and tightness over the paracervical and paralumbar musculature. In addition, gait was noted to be mildly antalgic with diminished range of motion with heel and toe walking. Diagnosis includes cervical discopathy with intermittent bilateral radiculopathy, lumbar hyperextension injury, and diffuse lumbar spondylosis. Treatments have previously included topical medication, oral medication and activity modification. Treatment plans include Restone #30 and Amtitramadol-DM Ultracream, 120mL topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restone 3/100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11. Decision based on Non-MTUS Citation UpToDate Online, Topic 6634 Version 7.0.

Decision rationale: Restone generic melatonin / l-tryptophan are supplement or medical food. The use of Restone is not specifically mentioned in the MTUS. Per the Chronic Pain Medical Treatment Guidelines, various medications have been noted to be of benefit for chronic pain issues, but Restone, melatonin, and tryptophan are not specifically mentioned. Per UpToDate Online, melatonin is a hormone. In the United States, melatonin falls under the Food and Drug Administration's Dietary Health and Education Act as a "dietary supplement." It can be purchased in any dose without a prescription. This supplement is not recommended by the MTUS, nor is it a medical prescription. There is no significant documentation that the patient has exhausted recommended management. This supplement is not medically necessary in this context.

Amitramadol - DM, Ultracream 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: Per the MTUS, the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. These medications are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is difficult to find detailed information on this specific formulation "Amitramadol - DM, Ultracream". It does not appear the patient has exhausted first-line treatments for the back and neck pain. This topical preparation is not medically necessary.