

Case Number:	CM13-0041549		
Date Assigned:	03/24/2014	Date of Injury:	07/22/2010
Decision Date:	04/28/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 and Rehabilitation has a subspecialty in Pain Management 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 74 year old female who was injured on 07/22/2010. The mechanism of injury occurred when the patient was struck in the upper thoracic area by a watermelon that fell 8 feet off a truck. Prior treatment history has included epidural injection and physical therapy. Drug analysis Report dated 07/19/2013 indicated the patient tested positive for cis-Tramadol, O-Desmethyl-cis-Tramadol . PR2 dated 07/19/2013 and 08/30/2013 are essentially the same which documented the patient to have complaints of pain in her neck and low back, radiating to left leg with numbness and tingling. Objective findings on exam revealed tenderness, decreased range of motion; C-spine and L-spine. The patient is diagnosed with lumbar sprain and strain, cervical sprain/strain, and radiculopathy. Treatment plan is illegible as they are written notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND KETOPROFEN/CYCLO/LIDO OINTMENT: Upheld

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

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

Decision rationale: As per CA MTUS Guidelines, "ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Further guidelines indicate that "any compounded product that contains at least one drug (or drug class) that is not recommended." Thus, the request for compound ketoprofen/cyclo/lido ointment is non-certified.

TRAMADOL 50MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-94.

Decision rationale: As per CA MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Further guidelines indicate that "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 aberrant drug-taking behaviors)." In this case, this patient has chronic neck and lower back pain and stiffness radiating down to left leg with numbness and tingling sensation. The objective findings are very limited with only documentation of tenderness, spasms, and restricted motion of cervical and lumbar spine. There is documentation of ongoing monitoring of opioids with urine drug screening. However, there is no documentation of reduction in pain level or objective functional improvement with the use of this medication. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms. Thus, the request continued use of Tramadol is not medical necessary and non-certified.