

Case Number:	CM13-0043531		
Date Assigned:	06/09/2014	Date of Injury:	04/02/2013
Decision Date:	07/31/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/24/2013

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, and is licensed to practice in California and Washington. 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 injured worker is a 49-year-old with a date of injury reported on April 20, 2013. She was an employee as a janitor and she stated that she was throwing a heavy trash bag upward into a dumpster. She had to bend over, twist and thrust upward to throw the bag into the dumpster and she felt immediate pain in her lower back. She is still currently working but with modified duties. The injured worker complained that the pain was exacerbated by movement throughout the day. She felt as if her condition is not changing. She rated her pain as an 8/10 and she also complained of sharp and intense pain with radiation down her left leg. The injured worker's activities of daily living scores were 8/10 for general activity, 6/10 for mood, 8/10 for walking ability, 7/10 for normal work, 5/10 for relations with other people, 9/10 for sleep and 7/10 for enjoyment of life. Her medications list included naproxen, acetaminophen with Codeine and carisoprodol. The injured worker did have a positive Kemp's test bilaterally and the straight leg raise test was positive on the left side at 60 degrees. The recommended plan of treatment was to have followup with a urine drug screen, to discontinue the Soma and the naproxen, to discontinue physical therapy for now, because it is exacerbating her pain, although there were no physical therapy notes provided, they are going to add the tramadol 50 mg, the Voltaren, Colace, Medrox patch and then she is to followup for re-evaluation. The Request for Authorization was signed and dated on June 19, 2013 and the rationale was provided with it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67 and 71.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do recommend that the Voltaren is a second line of treatment after Tylenol, which she was taking Tylenol but there was no documentation provided that the Tylenol was not effective for her. It is recommended by the Chronic Pain Medical Treatment Guidelines also that NSAIDS are recommended for the lowest dose for the shortest period of time. There is no evidence of previous conservative care regarding physical therapy or a home exercise program. Furthermore, the guidelines recommend that 100 mg daily for chronic back pain and the request is asking for 75 mg 3 times a day which exceeds the recommended daily amount. Therefore, the request for Voltaren 75mg, sixty count, is not medically necessary or appropriate.

Colace 100mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do recommend that there is a prophylactic treatment of constipation that should be initiated, although there is no documentation of any kind of complaints of constipation or stomach problems. Therefore, the request for Colace 100mg, thirty count, is not medically necessary or appropriate.

Medrox topical patch, thirty count: 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): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend any compounded product that contains at least one drug or drug class that is not recommended. The Medrox does have capsaicin in it and according to the Chronic Pain Medical Treatment Guidelines, capsaicin is only recommended as an option in patients who have not responded or are intolerant of other treatments. There is a lack of documentation of the efficacy and there is no note or evidence that the former treatments were not tolerated or not responded to. Also, the guidelines do state that 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. Therefore, the request for the Medrox topical patch, thirty count, is not medically necessary or appropriate.

Tramadol 50mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74,78.

Decision rationale: The request for tramadol 50 mg is non-certified. The California Guidelines do recommend 4 domains for ongoing monitoring for opioids and that would be pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. There was a lack of evidence of pain relief reported or the efficacy of her previous pain medications that she has been on. There also was no physical or psychosocial functioning deficits provided or improvements provided with the medication. There was no previous urinalysis drug test provided, although she is ordered. They are trying to get one now, so there is nothing to compare to from previous medication use. Therefore, the request for Tramadol 50mg, sixty count, is not medically necessary or appropriate.