

Case Number:	CM13-0046947		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2012
Decision Date:	02/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York, 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 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:

Patient is a 30-year-old male with a day of injury is April 16, 2012. Patient has been diagnosed with a disc protrusion an annular tear in the lumbar spine. Patient had lumbar epidural steroid injections with 80% temporal relief. X-ray the lumbar spine shows osteophytes at L4-5 interspace narrowing at L5-S1. Patient continues to have chronic low back pain. On 9/25/2013, a note in the medical records indicated that the patient continues to have 10 out of 10 severe back pain despite tramadol use. Patient has been taking Ultram and using bio from topical cream. He does report improvement in his pain with Bio Therm topical cream. On physical examination the patient has reduced range of back motion. He has normal motor strength with the exception of 4/5 left L4 and L5 strength. Sensation is normal in the bilateral lower extremities. Reflexes are 2+ at the Achilles tendon bilaterally. At issue is whether or not a refill of Tramadol and BioTherm cream are medically necessary at this time. The patient has undergone physical therapy. He continues to have back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Bio-therm topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Tramadol, Opioids Page(s): 111-3, 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-3. Decision based on Non-MTUS Citation Other Medical Treatment Guideline

Decision rationale: Patient does not meet established criteria for use of BioTherm topical cream. Guidelines indicate that topical anesthetics are largely experimental with few randomized controlled studies to determine safety and efficacy. In addition, the benefits and tolerance of other prior medications have not been well documented in the chart. The medical records do not include a description of exactly BioTherm topical cream is needed over other standard conservative medication approaches to improve functional outcomes. The use of topical cream remains controversial for the treatment of chronic low back pain. The literature does not demonstrate greater benefit of Bio therm topical cream over conventional approaches for the treatment of chronic pain. Also, regarding to Capasian, which is an ingredient in the cream. MTUS guidelines indicate that this is only an option for patient to not responded or intolerant to other treatments. Lack of medication response is not clearly documented in the chart.

Decision for Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Tramadol, Opioids Page(s): 111-3, 74-82.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation other Medical Treatment Guideline or Medical Evidence

Decision rationale: Guidelines for Tramadol use indicate there no long-term studies to allow for recommendations longer than 3 months use. Given that fact, the continued use of Ultram is not supported by guidelines. In addition the medical records do not establish that there is any monitoring program. The efficacy of tramadol remains unclear as the medical records indicate that the patient had 10 out of 10 back pain also on Tramadol. The medical records do not indicate any functional improvement with use of tramadol. Guidelines for continued tramadol use are not met.