

Case Number:	CM13-0053639		
Date Assigned:	12/30/2013	Date of Injury:	04/15/2013
Decision Date:	07/29/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 4/15/13. He was seen by his primary treating physician on 10/4/13 with complaints of spine, left arm and right leg pain and numbness. His medications included Cyclobenzaprine, Zolpidem and Vicodin. He had a normal EMG of the right and left lower extremities and lumbosacral paraspinal muscles in 7/13. His exam showed limitations in lumbar spine range of motion with pain. A straight leg raise was positive on the right with decreased sensation in the L5 and S1 dermatomes. He had slight S1 distribution weakness with paravertebral muscle tenderness and guarding. A urine drug screen was obtained and is at issue in this review. His diagnoses were right sided L4-5 and L5-S1 disc herniation. Also at issue in this review are prescriptions for Cyclobenzaprine and two compounded creams which were said to be less irritating to his stomach than other medications. The length of time of prior therapy of the medications is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: This injured worker has back and extremity pain with an injury sustained in 4/13. His medical course has included treatment modalities including ongoing use of several medications including narcotics and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/413 fails to document any improvement in pain, functional status or side effects to justify long-term use. The Cyclobenzaprine has been prescribed for ongoing and not short-term use and medical necessity is not supported in the records.

240 gm AmiTramadol-DM Ultracream 4/20/10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Topical Analgesics Page(s): 84-94, 111-112.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. The MD visit fails to document any improvement in pain, functional status or side effects to ongoing use. Additionally, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. This medication is a compounded product and is not recommended. The medical necessity of 240 GM AmiTramadol-DM Ultracream 4/20/10% is not substantiated in the records.

240 gm GabaKetoLido 6/20/6.15% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding topical GabaCycloTram in this injured worker, it is a compounded product and thus, not recommended. Additionally, the MD visit fails to document any improvement in pain, functional status or side effects to ongoing use. The records do not provide clinical evidence to support medical necessity of 240 GM GabaKetoLido 6/20/6.15% Cream.

Retrospective urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioids Page(s): 43, 77-78.

Decision rationale: This injured worker has a history of pain since an injury in 4/13. He has had various treatment modalities and medications including opioids and muscle relaxants. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The urine drug screen is not medically necessary.