

Case Number:	CM13-0055108		
Date Assigned:	12/30/2013	Date of Injury:	06/02/2007
Decision Date:	08/13/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/20/2013

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 Georgia. 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 61-year-old male who was injured on 6/2/2007. He has been treated conservatively in the past with lumbar epidural steroid injections on 06/03/2013, which offered him temporary relief. Summary review dated 10/03/2013 states the patient presented for routine follow up. He reported his back pain was worsening. On exam, he had limited flexion and paraspinous muscle spasm; back pain with straight leg raise and muscle strength was 5+. He is diagnosed with lumbosacral spondylosis without myelopathy of the spine. He has been recommended to start cyclobenzaprine HCL 7.5 mg. He was instructed to continue with his other medications which included Prilosec 20 mg, gabapentin 600 mg, Anaprox DS 50 mg, Medi-Derm cream 0.035- 5/20% and Norco 10/325 mg. Prior utilization review dated 11/06/2013 states the requests for a retrospective request for Tramadol ER 150 mg #60 with a date of service of 10/03/2013 is not certified and retrospective request for Medi-Derm #120 with a date of service of 10/03/2013 are not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RETROSPECTIVE REQUEST FOR TRAMADOL ER 150 MG #60 WITH A DATE OF SERVICE OF 10/03/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids > Page(s): 76-94.

Decision rationale: The CAMTUS recommends Opioids for chronic pain with specific guidelines as stated on pages 76-94. Medical records submitted for review lack documentation concerning the efficacy of current and previous medication, documentation of current urine drug test and a signed pain contract between provider and claimant. These are mandated by CA MTUS. Without establishing medical necessity, Tramadol ER 150 mg is not medically necessary.

A RETROSPECTIVE REQUEST FOR MEDI-DERM #120 WITH A DATE OF SERVICE OF 10/03/2013: Upheld

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

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

Decision rationale: The CA MTUS recommends topical analgesics as an optional treatment in certain circumstances. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided do not document, failed trials of anticonvulsants and antidepressants, unresponsiveness and intolerance to all other treatments. Based on the CA MTUS guidelines and clinical documentation stated above, the request is not medically necessary.