

<b>Case Number:</b>	CM13-0058043		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Occupational Medicine, 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 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:

The applicant is a represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; prior lumbar fusion surgeries; and extensive periods of time off work, on total temporary disability. In a utilization review report of November 9, 2013, the claims administrator denied a request for Xoten lotion while partially certifying Tramadol and Norco for weaning purposes. The applicant's attorney subsequently appealed. An earlier clinical progress note of April 11, 2013 is notable for comments that the applicant is using Tramadol, Xoten lotion, and Norco. The applicant is off work, on total temporary disability, it is further noted. The applicant has worsened complaints of low back pain radiating to the right leg, it is suggested. On November 14, 2013, the applicant underwent an anterior retroperitoneal exposure of L5-S1 with interbody fusion at the same level. An earlier note of October 10, 2013 was notable for comments that the applicant was pending further spine surgery while remaining off work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xoten lotion qty 113ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals which would justify usage of topical agents and/or topical compounds such as Xoten which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental."

**Tramadol extended release 150mg #160:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

**Decision rationale:** As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is "indicated" for moderate to severe pain. In this case, the applicant was reporting severe low back pain radiating to the right leg. The applicant underwent further revision spine surgery on November 14, 2013, i.e., just before the date of the utilization review decision. Despite the lack of functional improvement with prior opioid usage, Tramadol was indicated to combat the applicant's postoperative pain following revision lumbar fusion surgery. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

**Hydrocodone/APAP 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**Decision rationale:** As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, hydrocodone, acetaminophen, or Norco is "indicated" for moderate to moderately severe pain. In this case, the applicant underwent spine surgery on November 14, 2013, i.e., just before the date of the utilization review report of November 19, 2013. One could reasonably expect or infer the applicant to have postoperative pain issues in the moderate to severe range. Usage of Norco to combat the same was indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.