

Case Number:	CM13-0062103		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2011
Decision Date:	03/31/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 50 year old male with date of injury 2/5/11. The treating physician report dated 7/30/13 indicates the patient has chronic mid back pain 4-5/10, tingling on the right hand, lower back pain-constant- 4-5/10 and left ankle pain (6-7/10). The current diagnoses are: 1.Thoracic spine disc syndrome 722.11 2.Low back syndrome 724.2 3.Left ankle sprain/strain 845.0 4.Joint pain 719.4 The utilization review report dated 11/6/13 indicates that the request for Tramadol be modified to 50mg x one month supply and the topical cream and ankle brace were denied. The rationale for the denial was based on ODG guidelines and lack of medical documentation

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids for chronic pain Page(s): 80-82.

Decision rationale: The employee presents with chronic back pain and is being managed by an orthopedic primary treating physician. The reports reviewed indicate the employee is currently

taking Prilosec and Tramadol. The employee is also utilizing topical cream. The plan for the employee was for Tramadol, taken as directed twice daily to reduce pain and topical cream to be applied twice daily to the skin to areas of complaint. The MTUS guidelines specifically address the use of opioids and the criteria for their usage. The treating physician has failed to accurately describe the dose of the prescribed medication. Additionally there is no submitted required documentation of pain and functional improvement as outlined in the MTUS guidelines which require the treating physician to document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. There is no documentation that the medication is effective or that the employee has been screened for abuse/addiction. Recommendation is for denial.

Topical Cream: Overturned

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

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

Decision rationale: The employee presents with chronic back pain and the treating physician has prescribed "topical cream to be applied twice daily to the skin to areas of complaint to reduce pain and decrease the need of oral medications." The MTUS guidelines indicate that topical analgesics are recommended as an option. On page 111 they state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician has failed to document what topical cream that is being prescribed. There is no way for me to evaluate the generic request for a topical cream without specific information regarding the prescription. Recommendation is for denial.

Ankle brace purchase left ankle:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Treatment in Workers' Comp (TWC) Guidelines, Section Ankle & Foot Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Bracing (immobilization).

Decision rationale: The employee has a complaint of left ankle pain that is rated a 6-7/10. There is a diagnosis of a left ankle sprain/strain with slightly limited ranges of motion that all produced pain. There is no documentation of any instability in the examination. The MTUS guidelines do not address the purchase of an ankle brace. The ODG guidelines indicate that an

ankle brace is not recommended in the absence of a clearly unstable joint. However the ODG goes on to state "It is recommended to use a brace or a tape to prevent a relapse after ankle sprain, but also to phase out the use of brace or tape in time." The treating physician documents that the request for the ankle brace is to help with stability and support while minimizing the risk of further exacerbation. The documentation provided for the request for a left ankle brace is supported in the ODG guidelines. Recommendation is for authorization.