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| Case Number: | CM13-0062276 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/24/2006 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 11/22/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 59 year old man who states he was injured trying to close a water valve on the streets 10/24/2006. He has neck pain, low back pain with lumbar and sacral osteoarthritis, neuritis, spinal stenosis, facet joint pain and chronic pain syndrome. He is requesting appeal of the denial of Lortab, and topical analgesics, Tramadol and Cyclogaban creams. The treatment plan has included epidural steroid injections and radiofrequency treatment. He was prescribed Tramadol for the hypersensitivity over the knee. He is to take Lortab for breakthrough pain. Other medications include Skelaxin, Celebrex, Nexium and Prilosec, Cymbalta and topical Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORTAB 10/500 1/2 TAB Q6-8 HRS #100 REFILL X3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Criteria for Use Page(s): 79-80.

Decision rationale: In the Criteria for Use portion of the Chronic Pain Medical Treatment Guidelines, opioids are to be continued if the patient has returned to work and if the patient has

improved functioning and pain. Conversely, opioids should be discontinued if there is no overall improvement in function. This patient has consistently high (6-7/10) pain levels, and remains disabled, not working. Ongoing opioid treatment is not indicated, and the request for Lortab is not medically necessary.

CYCLOGABAN CREAM: Upheld

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

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

Decision rationale: Any compounded product that contains at least one drug, or drug class, that is not recommended, is not recommended. Gabapentin is not recommended because there is no peer-reviewed literature to support its use. Cyclobenzaprine is also not recommended - "There is no evidence for use of any other muscle relaxant as a topical product," per MTUS Chronic Pain Medical Treatment Guidelines. Therefore this request is not medically necessary.

TRAMADOL CREAM:

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

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

Decision rationale: Topical analgesics are largely experimental, and only specified ones are approved for usage per California MTUS treatment guidelines. Tramadol is not one of the topical medications approved for treatment of work injuries in California. The request is not medically necessary.