

Case Number:	CM13-0071416		
Date Assigned:	07/02/2014	Date of Injury:	01/31/2001
Decision Date:	08/05/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/27/2013

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 & Rehabilitation and is licensed to practice in California and Washington. 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 61-year-old female who reported an injury on 01/31/2001 to her low back, of an unknown mechanism. She complained of low back pain radiating to the lower extremities, rating her pain at a 7/10. The physical examination on 11/18/2013 showed greater pain on lumbar extension than flexion, more on the right than the left; positive straight leg raise in the sitting position that caused pain shooting down into the posterior lateral leg on the right side; an antalgic gait on the right; and no other abnormal findings. There were no diagnostic reports submitted for review; however, according to the referenced note, the injured worker had an electromyography (EMG) study that showed right L4-5 radiculopathy on 09/12/2006. The injured worker had diagnoses of lumbosacral neuritis, low back pain, congenital spondylolisthesis, and instability of the sacroiliac joint. She had past treatments of injections, oral medications, topical creams, physical therapy, and a home exercise program. The injured worker did not desire a surgical workup. Her medications were gabapentin 100mg; Norco 10/325mg; Soma 350mg; tramadol cream 10%; and Cyclogaba cream 10%/10% with no mentioned side effects. The treatment plan was for Norco 10/325mg #120; tramadol 10% cream; Trental 400mg #1 and Soma 350mg #180. The request for authorization form was signed and dated 12/02/2013. There was no rationale for the request for Norco 10/325mg #120, tramadol 10% cream, Trental 400mg #1, or Soma 350mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78.

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary. The injured worker complained of pain in the low back that radiated into the extremities. She had past treatments of injections, oral medications, topical creams, physical therapy, and a home exercise program. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing management of opioids should include prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, a pain assessment that includes current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The information should also include the four A's for ongoing monitoring, which have been summarized as analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. It also states that the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be considered, as well as consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months, and a psych consult if there is evidence of depression or irritability. After reviewing the documentation, the 4 A's were not addressed fully and there was not an adequate pain assessment. The efficacy of the medication was not provided to support continuation. In addition, there was no frequency or directions for use for the request. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

TRAMADOL 10% CREAM: Upheld

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

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

Decision rationale: The request for tramadol 10% cream is not medically necessary. The injured worker complained of pain to the lower back that radiated into the lower extremities. She had past treatments of injections, oral medications, topical creams, physical therapy, and a home exercise program. According to the California MTUS Chronic Pain Medical Treatment Guidelines for topical analgesics, they are recommended as an option as indicated below: they are largely experimental in use with few randomized control trials to determine the efficacy or safety; they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; there is little to no research to support the use of many of the agents, and a compounded product that contains at least one drug or drug class that is not recommended,

is not recommended. In addition, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. There is no evidence or literature to support the use of this topical compound as well as no documentation of failed trials of non-opioid medications or neuropathic pain symptoms. In addition, the request does not specify directions for use/application and quantity. Therefore, the request for tramadol 10% cream is not medically necessary.

TRENTAL 400MG QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com/indications for use.

Decision rationale: The request for Trental 400mg # 1 is not medically necessary. The injured worker complained of pain to the lower back that radiated into the legs. She had past treatments of injections, oral medications, topical creams, physical therapy, and a home exercise program. Trental is indicated for the symptomatic treatment of chronic peripheral vascular disorders of the extremities. The documentation states that Trental was requested to treat discogenic pain; therefore, treatment would not be consistent with indications. In addition, there was no frequency on the request. Given the above, the request for Trental 400 mg #1 is not medically necessary.

SOMA 350MG QTY:180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The request for Soma 350mg #180 is not medically necessary. The injured worker complained of pain to the lower back that radiated into the legs and spasms over the right side of the back. She had past treatments of injections, oral medications, topical creams, physical therapy, and a home exercise program. The California MTUS Chronic Pain Medical Treatment Guidelines for Soma (carisoprodol) states that it is not recommended or indicated for long-term use. The injured worker complained of spasms over the right side of the back and has been on the medication for at least 2 to 3 weeks with no documentation of the response to the medication. In addition, the request does not state the frequency or directions for use. As such, the request for Soma 350 mg quantity of 180 is not medically necessary.