

Case Number:	CM14-0002098		
Date Assigned:	01/24/2014	Date of Injury:	10/16/2000
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 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 51 year old male injured on 10/16/00 as a result of a fall. The injured worker sustained injuries to the head, right shoulder, neck, and back. Treatments included physical therapy, arthroscopic decompression of the right shoulder, chiropractic care, diagnostic testing, two unspecified neck surgeries, epidural steroid injections, lumbar fusion with subsequent removal of hardware, and psychological treatment. Current diagnoses included lumbar and cervical radiculitis, headaches, right shoulder pain, chronic pain, gastritis, obstructed sleep apnea, itching/intolerance of multiple opiates, and history of urinary incontinence xerostomia. Emergency department evaluation dated 12/18/13 indicated the injured worker presented complaining of back pain rated at 10/10. The injured worker reported worse due to lack of medication secondary to non-approval by insurance. The injured worker denied radiation of pain to the arms or leg in addition to denial of saddle anesthesia or incontinence, focal weakness, or numbness. Physical examination revealed no midline thoracic or lumbar spinal tenderness to palpation, bilateral lower extremities without deformity, and full range of motion of the spine, knee, and hips, strength 5/5 to bilateral upper extremities and lower extremities, sensation intact to light touch, no ataxia, and neck supple with full range of motion. The injured worker received Toradol IM for pain and was discharged to home to follow up with primary care physician. A prescription for Vicodin, Robaxin, and Motrin was provided. Previous clinical note dated 10/21/13 indicated the injured worker presented complaining of low back pain radiating to bilateral lower extremities with associated numbness in lower extremities. The injured worker also complained of neck pain radiating to bilateral upper extremities with bilateral shoulder pain and right knee pain. The injured worker also reported having headaches with average pain of 8/10. Medications included Celebrex 200mg, Cialis 20mg, Neurontin 300mg TID, Omeprazole DR 20mg BID, Vesicare 5mg BID, Ultram 50mg Q6 hours, and Pramosone 2.5% lotion. The

initial request for Ultram 50mg #120 and Pramoxone 2.5% lotion #100 was non-certified on 12/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultram 50 MG, #120 cannot be established at this time.

PRAMOSONE 2.5% LOTION, #100: 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 Citation:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=98cd9215-bf4e-4c88-9da8-1f54c93a8090>.

Decision rationale: Per the US National Library of Medicine, Pramoxone® Lotion is a topical preparation containing hydrocortisone acetate 1%. The most recent clinical notes failed to provide objective findings to substantiate the presence of dermatological issues necessitating ongoing medication treatment. Additionally, if deemed necessary, there is no indication that the injured worker cannot utilize the readily available over-the-counter formulation of this product. As such, the request for Pramoxone 2.5% Lotion, #100 cannot be recommended as medically necessary.