

Case Number:	CM14-0003075		
Date Assigned:	01/29/2014	Date of Injury:	12/04/2007
Decision Date:	06/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 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 60-year-old-male who has submitted a claim for knee sprain/strain, lumbar degenerative disc disease, cervical degenerative disease associated with an industrial injury date of 12/4/2007. Medical records from 2012-2013 were reviewed which showed continued pain in the low back and bilateral knee. Pain rated to be 7/10. Pain worst with cold weather. Patient tries to walk to help control the pain. Medication helps the patient to remain active. Physical examination showed tenderness of the lumbar paraspinal muscle and medial left knee, and crepitus with range of motion of the left knee. Treatment to date has included, physical therapy with TENS. Medications taken include Terocin Patch, Tramadol and Toradol. A utilization review from 12/24/2013 denied the request of LidoPro ointment and Tramadol 50mg. LidoPro ointment was denied because there was little evidence to support the use of topical NSAIDs, other than diclofenac. Tramadol 50mg was denied because records lacked documentation of current urine drug test, risk assessment profile, attempt for weaning/tapering and an updated signed pain contract between the provider and claimant, as mandated by CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG, # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter Opioids, Criter.

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

Decision rationale: According to pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been prescribed with Tramadol since at least November 2012. Although medical records mentioned pain relief from intake of medications, it did not establish the presence of ongoing functional improvement. Furthermore, compliance-measuring methods were also not evident based on the records submitted for review. CA MTUS requires clear and concise documentation for continuing opioid management. Therefore, the request for Tramadol 50 mg #90 is not medically necessary.

LIDOPRO OINTMENT 121G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter Topical Analgeses.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylate Topical.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. LidoPro Ointment contains 4 active ingredients; Capsaicin in a 0.0325% formulation, Lidocaine in a 4.5% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 27.5% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topical are significantly better than placebo in chronic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for LidoPro Ointment 121g is not medically necessary.