MAXIMUS Federal Services

Case Number:	CM14-0006051		
Date Assigned:	03/03/2014	Date of Injury:	01/04/2003
Decision Date:	07/17/2014	UR Denial Date:	12/22/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 61-year-old female with a1/4/03 date of injury that she sustained while working as a dressmaker. The patient lost her footing and fell to the floor on her knees, with several rolls of fabric falling on her, striking her across the head and upper back. The patient has complaints of neck and low back pain, as well as jaw pain. A 12/17/13 progress note described no change in chest pain or constipation, and slightly worse diarrhea. The patient reported improved gastroesophageal reflux symptoms with medication. H. pylori breath test, CPAP medications, and refill of medications was requested. No discussion of medication efficacy was mention. A 11/21/13 progress note described that psychological clearance for carpal tunnel release surgery was obtained. A refill for prescriptions for Ultram and Dendracin lotion was requested. Prior rendered treatment has included physical therapy, activity modification, psychological treatment, and medications. The patient also received epidural steroid injections and facet blocks (5/2003). The patient also underwent arthroscopic surgery of the right knee (11/15/10).

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-81.

Decision rationale: This medication obtained modified certification due to lack of documented efficacy, and in order to prevent withdrawal. It was also mentioned that tramadol should not be prescribed to patients who are at risk for suicide or addiction. It was mentioned that opioids are generally a 2nd line treatment option. A trial of opioid therapy was unsuccessful, as the patient did not have specific improvement of pain levels or documented functional gains. Furthermore, there was documentation of major depression with daily suicidal thoughts. These issues have not been discussed with this request. The guidelines recommend discontinuing opioids when there is no improvement in function or reduction in pain. The request is not medically necessary.

DENDRACIN LOTION 120ML #2: Upheld

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

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

Decision rationale: Little has been discussed regarding topical medication use. There is no discussion of intolerability to oral medication use. A search of on-line resources revealed that Dendracin (Methyl Salicylate/Benzocaine/Capsaicin 0.0375%) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, CA Chronic Pain Medical Treatment Guidelines state that capsaicin in a 0.0375% formulation is not recommended. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.