

Case Number:	CM14-0109074		
Date Assigned:	08/01/2014	Date of Injury:	04/14/2014
Decision Date:	10/17/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 and Rehabilitation 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 27-year-old female who reported injury on 04/14/2014. The mechanism of injury was due to a motor vehicle accident. The injured worker has diagnoses of cervical spine sprain/strain syndrome, thoracic spine sprain/strain syndrome, lumbosacral sprain/strain syndrome, and jaw pain. Previous medical treatment consists of physical therapy, chiropractic therapy and medication therapy. Medications include Norco, Valium, Tramadol, and topical analgesia. MRI of the cervical spine, thoracic spine and lumbar spine revealed no evidence of disc herniation. Disc signals were well preserved. There was no evidence of central or foraminal stenosis. On 06/09/2014, the injured worker complained of neck and back pain. Physical examination noted that the injured worker's pain rate was 8/10. Physical examination of the cervical spine revealed that there was tenderness noted in the cervical and thoracic paraspinal region bilaterally and in the middle cervical and thoracic region. Muscle spasms were not noted in the cervical or thoracic spine region. Sensation was intact. Examination of the lumbar spine revealed tenderness noted over the lumbar paraspinal region bilaterally. There was tenderness noted in the middle lumbar spine. There was no muscle spasm noted in the lumbar spine on the right or left. Motor examination revealed 5/5 bilaterally. Sensation was intact. Straight leg raise did not produce leg pain in the supine position at 50 degrees bilaterally. The treatment plan is for the injured worker to continue the use of medication. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The request for tramadol (unspecified dosage and quantity) is not medically necessary. The California MTUS Guidelines state central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS Guidelines recommend that there should be documentation of the "4 A's" for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. An assessment should include pain levels before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication. Additionally, there was no evidence shown that the medication was helping the injured worker with any functional deficits. Furthermore, there was no assessment submitted for review indicating what pain levels were before, during, and after medication administration. The documentation submitted for review also lacked an indication of the injured worker being in compliance with her medications with the use of drug screens or urinalysis. The request as submitted also did not include a dosage, frequency or duration of medication. Given the above, the injured worker is not with the MTUS recommended guidelines. As such, the request of Tramadol (unspecified dosage and quantity) is not medically necessary.

Topical creams (unspecified name): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics

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

Decision rationale: The request for topical creams (unspecified name) is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include no side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of the compounded agents requires knowledge of a specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The submitted documentation failed to indicate that the injured worker had trialed and failed any antidepressants or anticonvulsants.

Additionally, the request as submitted did not indicate the type of topical analgesic was being requested. There was also no specification as to dosage, frequency or duration or where the medication would be applied. Additionally, the efficacy of the medication was not submitted for review nor was there any evidence of the medication helping with any functional deficits. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request of Topical creams (unspecified name) is not medically necessary and appropriate.