

Case Number:	CM14-0122813		
Date Assigned:	08/08/2014	Date of Injury:	11/02/2012
Decision Date:	09/12/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/04/2014

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, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 43-year-old male who reported an injury on 11/02/2012. The mechanism of injury was not provided for clinical review. The diagnoses included cervical disc degeneration and thoracic region sprain/strain. The medication regimen included docusate sodium, nabumetone, tramadol, gabapentin, and capsaicin. Previous treatments included medication, EMG/NCV, and MRI. Within the clinical note dated 06/11/2014, it was reported the injured worker complained of neck and bilateral upper extremity pain. He reported pain along the sides of his neck into his upper back and shoulder area bilaterally. The injured worker complained of pain which radiated through the fingers on the right constantly and intermittent on the left. He rated his pain 7/10 in severity without medication, and 5/10 in severity with medication. Upon the physical examination, the provider noted the injured worker to have no acute distress, anxiety, or confusion. He reported the injured worker to be alert and oriented. The provider requested tramadol for pain and capsaicin. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg QTY #30: Upheld

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

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

Decision rationale: The request for Tramadol HCL ER 150mg QTY #30 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 04/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

Capsaicin 0.075% cream: 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 Nsaids Page(s): 111-112.

Decision rationale: The request for Capsaicin 0.075% cream is not medically necessary. The California MTUS Guidelines note topical NSAIDs and recommend them for the use of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amiable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Capsaicin is only recommended as an option in patients who have not responded or who are intolerant to other treatments. There are no current studies indicating that an increase over 0.025% formulation would provide any further efficacy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide a treatment site. The request as submitted failed to provide the quantity and frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guideline recommendations of short term use of 4 to 12 weeks. The request as submitted exceeds the guideline recommendations with a percentage of capsaicin recommended by the guidelines. Therefore, the request is not medically necessary.