MAXIMUS Federal Services

Case Number:	CM14-0124536		
Date Assigned:	08/13/2014	Date of Injury:	08/18/2007
Decision Date:	09/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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, 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 injured worker is a 59-year-old female who reported an injury on 08/18/2007. The mechanism of injury was noted to be cleaning furniture while kneeling. Her prior treatments were noted to be physical therapy, acupuncture, chiropractic care, and epidural steroid injections. Prior surgery was noted to be thoracic spine and lumbar surgery. Diagnostic testing includes MRIs and x-rays. Her subjective complaints were noted to be back pain with lower extremity numbness on the left. She indicated she has "no strength in her left lower extremity, and fears of suffering falls." The injured worker walks with a walker. The physical examination notes pain to lumbar and thoracic spinal areas, left side more than right side, and to gluteal areas. Tender left and right sacroiliac joints; positive percussion to spinous processes T1-S1. Range of motion was flexion to 30 degrees; extension to 5 degrees; rotation was minimal. Deep tendon reflexes were 2+ for knee jerk and 1+ for ankle jerks, symmetric. She had decreased tactile sensory of the L4 and L5, as well as S1 dermatomes of the left lateral leg and big toe. Maneuvers: straight leg test was positive in seated bilaterally, more on the left. Strength of the extensor hallucis longus muscle was 0/5 on the left and 5/5 on the right. There were spasms with palpation to the cervical spine. There was more tenderness to the left than to the right in the sternocleidomastoid, scalene, trapezius, and rhomboid muscles. Range of motion of the cervical spine was flexion 50 degrees; extension 40 degrees; rotation 45 degrees on the right and 45 degrees on the left; tilt 30 degrees on the right, and 10 degrees on the left. She had a positive Spurling's test on the left. There was decreased tactile sensory to the left deltoid and medial and lateral left forearm. The recommendations were to continue medications for pain, sleep, and constipation. The rationale for the request was noted within the clinical evaluation dated 06/27/2014. A Request for Authorization form was not noted within the review for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol no dosage or quantity: Upheld

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

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

Decision rationale: The request for tramadol, no dosage or quantity, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, appropriate medication use, and side effects. The documentation provided a clinical evaluation dated 06/28/2014. However, this does not provide an adequate pain assessment. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to lack of adequate pain assessment, the provider's request fails to indicate a dose, frequency, and quantity. As such, the request for tramadol, no dosage or quantity, is not medically necessary.

Docusate Sodium no dosage or quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioite Treatment.

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

Decision rationale: The request for Docusate sodium, no dosage or quantity, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state when initiating opiate therapy, a prophylactic treatment of constipation should be initiated. However, in the case of this request, the provider did not indicate a dosage, a frequency, or a quantity. Therefore, the request for Docusate sodium, no dosage or quantity, is not medically necessary.

Lidopro no dosage or quantity: 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): 111-112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics as an option. These are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted for review fails to indicate trials of antidepressants and anticonvulsants failed. In addition, the provider's request fails to indicate a dosage, frequency, and quantity. Therefore, the request for LidoPro, no dosage or quantity, is not medically necessary.