

Case Number:	CM14-0153261		
Date Assigned:	09/23/2014	Date of Injury:	05/06/2010
Decision Date:	10/30/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/19/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 6, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; a TENS unit; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy over the course of the claim; and topical agents. In a Utilization Review Report dated August 23, 2014, the claims administrator denied request for cyclobenzaprine, denied a request for Topiramate, denied a request for Menthoderm, and partially certified a request for tramadol, apparently for weaning purposes. The applicant's attorney subsequently appealed. Several of the articles at issue were endorsed via Request for Authorization form dated August 13, 2014. In a progress note of the same date, August 13, 2014, the applicant reported heightened complaints of low back pain, 9/10. The applicant was not working, it was acknowledged. Topiramate, Menthoderm, Flexeril, TENS patches, and tramadol were endorsed. It was not clearly stated whether these were first-time request or renewal request. In an earlier note dated July 15, 2014, the applicant again reported 6/10 multifocal neck, shoulder, arm, and chest wall pain. The applicant was given refills of tramadol and Flexeril at that point in time. The applicant was also asked to continue additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is using a variety of other oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

PRESCRIPTION OF TRAMADOL 50MG #70 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints are heightened and consistently scored at 6/10 or greater, despite ongoing usage of tramadol. The attending provider has failed to outline any tangible or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

PRESCRIPTION OF MENTHODERM 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 7; 105.

Decision rationale: Mentherm is a salicylate topical. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Mentherm are recommended in the treatment of chronic pain, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no explicit discussion of medication efficacy insofar as Mentherm is concerned on any of the cited progress notes. The applicant is off of work, it has been acknowledged. Ongoing usage of Mentherm has failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the above, taken

together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

PRESCRIPTION OF TOPIRAMATE #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax can be employed for neuropathic pain when other anticonvulsants fail, in this case, however, there is no evidence that first-line anticonvulsants such as gabapentin and/or Lyrica were trialed and/or failed before topiramate was selected. The attending provider did not furnish any rationale in his decision to select topiramate here. Therefore, the request is not medically necessary.