

Case Number:	CM14-0155636		
Date Assigned:	09/25/2014	Date of Injury:	09/01/2011
Decision Date:	11/19/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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:

This Injured worker is a male with date of injury 9/1/2011. Per visit note dated 8/1/2014, the injured worker complains of low back pain. He states that there has been no change in his pain and it is made worse with bending, lifting, sitting on chairs and prolonged standing and walking. He has been informed that is indicated for a surgical intervention for the lumbar disk protrusion. He is quite ambivalent about surgery. His primary treatments include rest, exercise including swimming and stretching and ibuprofen. He does hope that he can further consolidate his exercise program with a gym membership. He has had epidural injection without benefit. On examination there are no gait and station abnormalities observed. Muscle tone is normal without atrophy in all four extremities. Strength is 5/5 throughout bilateral lower extremities. Sensation is intact to light touch and pinprick bilaterally to the lower extremities. Straight leg raise is negative. Spasm and guarding is noted in lumbar spine. Lumbar spine motor strength is 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallicus longus. Diagnosis is lumbar disc displacement without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hcl er 150mg capsule 1 tab OD for pain #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports do not indicate reduction of pain or functional improvement with the use of tramadol. Side effects and aberrant drug behavior are also not addressed. Medical necessity has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Retrospective request for Tramadol Hcl er 150mg capsule 1 tab QD for pain #30 is determined to not be medically necessary.

Retrospective request for Capsaicin 0.075 percent cream apply to affected area TID pepper cream #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin section, Topical Analgesics section Page(s): 28, 111-113.

Decision rationale: Topical Capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There are no studies of a 0.0375% formulation, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The request for Retrospective request for Capsaicin 0.075 percent cream apply to affected area TID pepper cream #2 is determined to not be medically necessary.