

Case Number:	CM14-0168334		
Date Assigned:	10/15/2014	Date of Injury:	05/12/2012
Decision Date:	12/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/13/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 48-year-old male who reported injury on 05/12/2012 due to an unspecified mechanism of injury. The injured worker complained of lower back pain that he described as dull and moderate to severe. The injured worker rated his pain a 7/10, using the VAS. The diagnoses included lumbar sciatica, lumbar disc herniation and lumbar myelopathy. The medications included tramadol. No past surgical history reported. The physical examination dated 06/30/2014 of the lumbar spine revealed negative for scoliosis, facet joint exam was within normal limits, flexion and extension to the lumbar spine was painful with some tenderness at the paraspinal muscle bilaterally. Straight leg raising was positive. Deep tendon reflexes to the lower extremities were within normal limits. The unofficial diagnostics included EMG/NCV to the lower extremities was within normal limits and the unofficial MRI of the lumbar spine revealed L4-5 with a 5 mm disc bulging. The treatment plan included a comprehensive chronic pain management that included physical medicine and rehabilitation along with a biobehavioral approach. The treatment plan also included prescription for ibuprofen 800 mg and epidural steroid injections. The Request for Authorization was not submitted with documentation. The rationale for the Tylenol was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Analgesic Gel 40oz: 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): 111-113.

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The clinical notes were not evident that the injured worker had a diagnosis or had neuropathic pain. The guidelines do not indicate the use of topical analgesics. Additionally, the clinical notes were not evident that the injured worker had a failed trial of antidepressants and anticonvulsants. The request did not indicate the location site at which the cream was intended for or the frequency or dosage of the medication. As such, the request is not medically necessary.

Ultram (Tramadol 50mg) #90: 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, criteria for use Page(s): 78.

Decision rationale: 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 ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, 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. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The clinical notes were not evident of documentation addressing any aberrant drug taking behavior or adverse side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request did not address the frequency or dosage. As such, the request is not medically necessary.