

Case Number:	CM14-0020332		
Date Assigned:	05/02/2014	Date of Injury:	01/22/2013
Decision Date:	08/11/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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:

This is a 27 year-old male with a 1/22/13 date of injury after being involved in a motor vehicle collision. The patient was seen on 9/30/13 with complaints of moderate to severe pain in the upper back, as well as left wrist pain with tingling upon awakening. He also complains of stomach upset with this medications. He was noted to be on Tramadol 159 mg ER BID, flexeril, ibuprofen, and Exoten -C pain lotion. The patient was again seen on 11/25/13 with similar complaints and states his pain is controlled with medications but ibuprofen does not help. The patient was started on hydrocodone and transdermal compounds. The patient was seen on 1/13/14 complaining of 5/10 with medications and 6/10 without. Exam findings revealed tenderness over the C spine from C5-6 as well as the spinal paravertebrals. L4-S1 spinous processes are tender as well. A medial branch block is being recommended and requested. The diagnosis is cervical and lumbar disc protrusions, and L spine myospasm. An adverse determination was received on 2/11/14 for Tramadol and hydrocodone given there was a lack of documentation to support measurable subjective and functional benefit with prior use of these medications. The transdermal compound was denied given there was no evidence as to why the patient's pain could not be controlled with oral medication, and there are no ingredients in the requested compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for tramadol er 150mg #60 DOS:1/16/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-82, 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient noted a decrease from a 6/10 to a 5/10 without and with medications respectively. There is no mention of ongoing functional gain, and he has the same complaints with regard to low back pain despite his medication use. Therefore, the request for Tramadol was not medically necessary.

Retrospective request for hydrocodone/apap 2.5/325mg #60 DOS:1/16/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient noted a decrease from a 6/10 to a 5/10 without and with medications respectively. There is no mention of ongoing functional gain, and he has the same complaints with regard to low back pain despite his medication use. Therefore, the request for hydrocodone was not medically necessary.

Retrospective request for transdermal compounds DOS:1/16/14: 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: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The components

of the transdermal compound requested were not specified. While certain creams that contain methyl salicylate are supported per MTUS guidelines, many topical compound creams are not as they usually contain an ingredient that is not supported per MTUS. This request does not specify which transdermal compounds are included. Therefore, the request for a transdermal compound was not medically necessary.