

Case Number:	CM14-0024543		
Date Assigned:	06/11/2014	Date of Injury:	07/15/2013
Decision Date:	07/15/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 48-year-old female injured on July 15, 2013. The mechanism of injury was not presented in the medical records reviewed. The most recent progress note indicated that there were ongoing complaints of thoracic and lumbar spine pain. The pain levels were described as 7/10 on the pain scale. The physical examination demonstrated an individual who had a decreased lumbar spine range of motion. Straight leg raising was noted to be significant at 60, with radiation into the left lower extremity. The motor function was described 5/5, and sensory examination was normal on the right and slightly decreased on the left. Diagnostic imaging studies objectified or reported the following findings. Previous treatment includes multiple medications, physical therapy and other pain management devices. A request had been made for the medications of Tramadol and the topical compounded preparation which was not certified in the previous pre-authorization process on February 17, 2014. It was also noted that an epidural steroid injection was completed with some moderate relief. A qualified medical evaluation is scheduled for August 2014. It is noted there are ongoing complaints of pain, and multiple medications are prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM (TRAMADOL 50MG) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The Chronic Pain Treatment Guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. The records do reflect some modest gains with the medication; however, there is no clear clinical indication of any significant functional improvement or ability to return to work. Therefore, the standards in the Chronic Pain Medical Treatment Guidelines for continued use of this medication are not met. Therefore, the request is not medically necessary.

BIO-THERM (MENTHYL SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0.002%) 40Z: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the use of topical preparations is "largely experimental" and has a limited clinical application. There is no noted efficacy in the progress notes reviewed, and the request includes multiple preparations not all of which are clinically indicated. Therefore, the request is not medically necessary.