MAXIMUS Federal Services

Case Number:	CM14-0029269		
Date Assigned:	09/15/2014	Date of Injury:	12/16/2008
Decision Date:	10/23/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 45-year-old male who reported an injury on 12/19/2008 due to unspecified cause of injury. The injured worker complained of low back pain and bilateral leg pain. The injured worker rated his pain 7/10 to 8/10 using the VAS. The injured worker had a diagnosis of a disc herniation at the L5-S1 with right sided S1 radiculopathy, and degeneration of disc at the annular tear. The prior surgeries included an anterior lumbar discectomy at the L5-S1, L4-5, L3-4; fusion with fusion cage and anterior plate L5-S1; insertion of a total disc replacement, L3-4, L4-5 dated 03/02/2013; and a status post L5-S1 right sided hemilaminectomy and discectomy with nerve root mobilization dated 07/17/2010. Prior treatments included an electromyogram/nerve conduction velocity study. The physical examination dated 05/13/2014 of the lumbar spine revealed hunched over, unable to fully extend with tingling and numbness to bilateral lower extremities, tenderness to paraspinous musculature of the lumbar region, midline tenderness was noted at the lumbar region. Range of motion was forward flexion of 20 degrees to the right and left it was 10 degrees. Hip mobility included sciatic stretch signs were positive bilaterally 60% to 70%. Deep tendon reflexes to bilateral lower extremities are +1. Unable to form a full toe to heel walk. Sensation was decreased to the lower extremities. Coordination and balance was intact, her balance was impaired due to pain. The treatment plan included CMPD transdermal, gab/keto/lido transdermal and Ultram. The Request for Authorization dated 09/05/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD: Amitramadol-DM transderm (amtriptyline, Tramadol, dextromethorphan) 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Tramadol Page(s): 111, 82.

Decision rationale: The request for CMPD: Amitramadol-DM Transderm (amitriptyline, Tramadol, dextromethorphan) 240 grams is not medically necessary. The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended... A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The request did not indicate the frequency or the dosage. The guidelines indicate tramadol is only approved for oral consumption. As such, the request is not medically necessary.

Gabketolido transderm (gabapentin, ketoprofen, lidocaine) 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The request for Gabketolido Transderm (gabapentin, ketoprofen, and lidocaine) 240 grams is not medically necessary. The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. The guidelines do not recommend gabapentin, and the guidelines indicate any drug that is not recommended, then therefore the drug is not recommended. The request did not address the frequency or the dosage. As such, the request is not medically necessary.

Ultram 50 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80 and 81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American pain society

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82,93,94,133,78.

Decision rationale: The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not address the aberrant drug taking behavior or adverse side effects. The request did not indicate the frequency. As such, the request is not medically necessary.