

Case Number:	CM14-0035497		
Date Assigned:	04/09/2014	Date of Injury:	10/12/2007
Decision Date:	08/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Washington. 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 50-year-old male who reported an injury on 09/16/2007. The mechanism of injury was not provided for clinical review. The diagnoses included status post lumbar fusion with left leg radiculopathy, status post right shoulder arthroscopic surgery, depression, cervical sprain/strain, thoracolumbar myofascial pain syndrome, cervical radiculopathy, adhesive capsulitis left shoulder, bilateral carpal tunnel, and osteoarthritis. Previous treatments include physical therapy, medication, surgery, and H-wave. Within the clinical note dated 03/06/2014, it was reported the injured worker complained of pain radiating from the lumbar spine down into both legs. The injured worker complained of burning in the left calf. He complained of neck pain, and trouble with extension. He noted his pain radiated down into the arm and down the left thumb which was numb. On the physical examination, the provider noted all ranges of motion were performed actively. The provider noted pain over the left sacroiliac joint with palpation. The injured worker had a positive straight leg raise test. The injured worker had a positive Spurling's test on the right, reproducing brachioplexus stretch. The provider requested Tramcap C and Delfur 120 gm lotion. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramcap C and Deflur 120 grams lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

Decision rationale: The injured worker complained of pain from the lumbar spine radiating down into both legs. The injured worker complained of burning in his left calf. He complained of neck pain with trouble with extension. He noted the pain in his neck radiated down into his arms and going down into the left thumb, which was numb. The California MTUS note topical NSAIDs are recommended for use for osteoarthritis and tendinitis, and in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. The guidelines note other muscle relaxants are not recommended. There is no evidence of use of any other muscle relaxants as a topical product. There was a lack of documentation indicating the injured worker has tried and failed on first-line analgesics. There was a lack of documentation indicating the injured worker was treated for or diagnosed with osteoarthritis or tendinitis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing this medication for an extended period of time, since at least 12/2013, which exceeds the guidelines' recommendations of short-term use of 4 to 12 weeks. Therefore, the request for Tramcap C and Deflur 120 grams lotion is not medically necessary.