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| Case Number: | CM14-0039014 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 08/06/2004 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

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 Orthopedic Surgery 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 records, presented for review, indicate that this 69-year-old male was reportedly injured on 8/6/2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 5/16/2014 indicated that there were ongoing complaints of chronic low back pain. The physical examination was handwritten and revealed lumbar spine positive tenderness with painful range of motion. Left lower extremity had decreased motor and sensory. Reflexes were equal. Bilateral pitting edema noted in both ankles. No recent diagnostic studies were available for review. Previous treatment included previous surgeries, physical therapy, acupuncture, injections, and medications. A request was made for gabacyclotram 180 gm, Ultram 50 mg #90, Laxacin #100, and Xolido Patch #7 and was not medically necessary in the pre-authorization process on 3/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabacyclotram 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Gabacyclotram is a topical preparation that contains gabapentin, cyclobenzaprine, and tramadol. The MTUS notes that the use of topical medications are largely experimental, and there have been few randomized controlled trials. It further goes on to note that topical muscle relaxers and gabapentin are not recommended clinically indicated. As this compound contains both of these medications, this request is considered not medically necessary.

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic, and it is not recommended as a first-line oral analgesic. MTUS 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. A review of the available medical records failed to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.

Laxacin #100: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 77.

Decision rationale: Laxacin is a stool softener, useful for the treatment of constipation. There was no clinical indication for this medication for this claimant. There was documentation of narcotic usage; however, there was no documentation of constipation side effects. This medication is deemed not medically necessary. Future requests should be accompanied by a specific clinical indication for this medication.

Xolido Patch #7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 56.

Decision rationale: The MTUS supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or

anti-epilepsy medications. Based on the clinical documentation provided, the claimant was noted to have chronic low back pain; however, there was no documentation of failure of a first-line treatment. On physical examination, it was noted decreased sensation in the lower extremities; however, there was no specific dermatome identified. Lacking subjective complaints and object findings, this request is considered not medically necessary.