

Case Number:	CM14-0040495		
Date Assigned:	06/27/2014	Date of Injury:	11/29/2012
Decision Date:	09/03/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of November 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated February 21, 2014, the claims administrator denied a request for tramadol, OxyContin, carisoprodol, and a Medrox pain relief ointment. The applicant's attorney subsequently appealed. In a progress note dated August 27, 2013, the applicant reported persistent complaints of shoulder and hip pain, reportedly exacerbated by activities such as prolonged standing and prolonged walking. At times, the applicant's pain was excruciating, it was stated. Norco and Dilaudid have been ineffectual in the past, it was stated. A trial of OxyContin was endorsed. Work restrictions were also endorsed, although it was not clearly stated whether or not the applicant was, in fact, working. On December 3, 2013, the applicant again presented with persistent complaints of low back, neck, hip, and hand pain. Multiple medications were refilled. Carisoprodol was introduced. OxyContin and tramadol were introduced. The applicant was asked to change muscle relaxants from Norflex to carisoprodol. A rather proscriptive 10-pound lifting limitation was endorsed. The Medrox pain relief ointment in question was also endorsed. In an earlier note of September 24, 2013, it is incidentally noted that the applicant again presented with persistent complaints of shoulder, elbow, hand, and hip pain. The applicant was again refills of Medrox ointment, Norflex, tramadol, and OxyContin. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider has not outlined any clear or tangible improvements in pain or function achieved as a result of ongoing tramadol usage. Several progress notes, referenced above, made no mention of medication efficacy. It was not stated how precisely the medications in question, including tramadol, had profited the applicant. Therefore, the request for Tramadol HCL 50 mg sixty count is not medically necessary or appropriate.

Oxycontin 5 mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work with a rather proscriptive 10-pound lifting limitation in place. The attending provider has not incorporated any mention of medication efficacy into any of his recent progress notes. There was no mention of any decrements in pain or increments in function achieved as a result of ongoing OxyContin usage. Therefore, the request for Oxycontin 5 mg sixty count is not medically necessary or appropriate.

Carisoprodol 350 mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using a variety of opioids, including OxyContin and tramadol. Addition of carisoprodol or Soma to the mix is not recommended. Therefore, the request for Carisoprodol 350 mg sixty count is not medically necessary or appropriate.

Medrox pain relief ointment: 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.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are largely experimental to be employed for neuropathic pain in cases where antidepressants and/or anticonvulsants have been tried and/or failed. In this case, however, there is no clear evidence that anticonvulsant and/or antidepressant adjuvant medications were tried and/or failed before consideration was given to the topical compound in question. Therefore, the request for Medrox pain relief ointment is not medically necessary or appropriate.