

Case Number:	CM14-0043156		
Date Assigned:	07/02/2014	Date of Injury:	06/14/2013
Decision Date:	08/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family 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 patient is a 58 year old male claimant sustained a work injury on 6/4/13 involving the neck and back. He was diagnosed with cervical radiculopathy with degenerative disk changes, and a herniated L5-S1 nucleous pulposis. A progress note on 1/24/14 indicated the claimant had 4/10 pain with activity and affects his sleep. Exam findings were notable for pain with range of motions of the cervical spine, and is unable to heel walk due to numbness. There were paraspinal spasms with trigger points noted. Straight leg testing was positive on both sides. The treating physician provided topical Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 2% Tramadol 15%, Lidocaine 5%, Dextromethorphan 10%, Capsaicin 0.025% and oral Tramadol ER 150mg twice a day for pain. A month later he underwent epidural steroid injections. He was continued on Tramadol and topical analgesics for several months. A progress note on 3/11/14 indicated the pain remained at 4/10 and cervical exam was essentially unchanged from prior exams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (Ultram ER) 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Non-steriodal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 93-94 Page(s): 93-94.

Decision rationale: According to the MTUS guidelines, opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). It is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, there was no indication that the claimant had failed NSAIDs or Tylenol. Long term use of several months is not indicated. The continued use of Tramadol ER is not medically necessary.

CMPD Creams Flubiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 2% Tramadol 15%, Lidocaine 5%, Dextromethorphan 10%, Capasaicin 0.025% J8499, J3490: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and pg 111-112 Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 opioids such as Tramadol are not commented in the guidelines. Topical Lidocaine is approved for post-herpetic neuralgia and diabetic neuropathy. In addition, topical NSAIDs such as Flurbiprofen have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, several of the medications are not indicated for the claimant's diagnoses and the compounded NSAID is used beyond a 2 weeks period. The continued use of the above topical medication is therefore not medically necessary.