

Case Number:	CM14-0061797		
Date Assigned:	07/11/2014	Date of Injury:	10/23/2002
Decision Date:	09/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 62-year-old female who reported an injury on 10/23/2002. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of lumbosacral sprain/strain, chronic low back pain, bilateral plantar fasciitis, and myofascial pain syndrome. The injured worker's past treatment consisted of a Functional Restoration Program, acupuncture, and medication therapy. Medications included Mobic, Flexeril, hydrocodone 5/325 mg, ketoprofen cream, and tramadol 50 mg. The dosages, frequencies, and durations were not noted on some of these medications. There were no pertinent diagnostics submitted for review. The injured worker complained of low back pain. The injured worker described it as severe and shooting down to her leg. There were no levels of measurable pain documented. The physical examination dated 03/04/2014 revealed that the injured worker had decreased lumbosacral range of motion. There was a positive straight leg raise test. Motor strength was 5/5 in the lower extremities. There was local tenderness to palpation in the rib area. Deep tendon reflexes were 2/2 for the knee and right ankle. The treatment plan was for the injured worker to continue the use of ketoprofen cream and tramadol 50 mg. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream prn for local inflammation and pain control: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Ketoprofen Cream prn for local inflammation and pain control is not medically necessary. The injured worker complained of low back pain. The injured worker described it as severe and shooting down to her leg. There were no levels of measurable pain documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is then not recommended. There was also no indication as to why the injured worker would not benefit from oral medications instead of the requested topical cream. The guidelines state that ketoprofen is not currently FDA-approved for a topical application. Furthermore, the submitted request lacked any quantified evidence of the efficacy of the medications prescribed to the injured worker. The request as submitted did not indicate where the cream would be applied. In addition, the dose, quantity, and frequency for the proposed medication were not provided. The proposed compound product is not recommended by the MTUS Guidelines. Given the above, the request is not medically necessary.

Tramadol 50 mg 1 tab 6 times a day for severe pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 83, 93-94.

Decision rationale: The request for Tramadol 50 mg 1 tab 6 times a day for severe pain is not medically necessary. The injured worker complained of low back pain. The injured worker described it as severe and shooting down to her leg. There were no levels of measurable pain documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Tramadol under study for long-term use as there are no long-term trials. There is therefore a lack of evidence to allow for a treatment recommendation. If used on a long-term basis, the criteria for use of opioids should be followed: The lowest possible dose should be prescribed to improve pain and function. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The submitted report lacked evidence of the above guidelines. There was no documentation as to how often or how much of the tramadol the injured worker was taking. The submitted report dated 03/04/2014 indicated that the injured worker had been taking tramadol since at least that time. There were no measurable pain levels documented in that same report.

There were no indications as to the efficacy of the medication to date. There was no mention of the 4 A's to include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There were no submitted drug screens submitted for review. There was also no indication in the submitted report as to what pain levels were before the medication, during the medication, and the longevity of the medication. Furthermore, the request as submitted lacked a timeframe for the use of tramadol. Given the above, the request for tramadol 50 mg is not medically necessary.