MAXIMUS Federal Services

Case Number:	CM14-0080925		
Date Assigned:	07/18/2014	Date of Injury:	06/24/2012
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation 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 injured worker is a 57-year-old male who reported an injury 08/24/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 05/02/2014 indicated a diagnosis of contusion to the left foot, synovitis of the bilateral hands, lumbosacral spine spondylolisthesis and spondylosis. The injured worker reported persistent pain of the lumbar spine that was constant that increased with excessive activities and prolonged positions. The injured worker reported numbness and tingling in the upper extremities and lower extremities as well as pain that radiated down the left foot.The Claimant reported relief of symptoms with the use of medications. On physical examination of the thoracic spine there was tenderness and spasms over the paravertebral musculature with decreased range of motion bilaterally. The examination of the lumbosacral spine revealed tenderness and spasms over the paravertebral muscles with decreased range of motion. The injured worker had tenderness that was palpable to the bilateral hands and the examination of the left foot revealed tenderness to palpation with full range of motion present.The Claimant's treatment plan included: Continuing medications, continue home exercise program and request for future urine toxicology testing. The patients prior treatments included: Medication management and diagnostic imaging. The injured worker's medication regimen included: Tramadol/Flurbiprofen/Menthol/Capsaicin a compounded medication. The provider submitted a request for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines 2013: Tramadol (Ultram, Ultram ER,; Generic Available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Tramadol ER 150mg #60 is not medically necessary. The California MTUS guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of siginificant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use, behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing Tramadol; moreover, the request did not indicate a frequency for the Tramadol. Therefore, the request for Tramadol is not medically necessary.

Flurbi 25%, Menth 10%, Camph 3%, Cap .0375% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 75.

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

Decision rationale: The request for Flurbi 25%, Menth 10%, Camph 3%, Cap .0375% 120gm is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state 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. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an NSAID indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short-term use (4-12 weeks). It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants in addition, there was lack of documentation of efficacy and functional improvement with the use of this medication, moreover, Capsaicin is recommended in the formulation of 0.025%. The formulation in this compound medication is 0.0375% which exceeds the guidelines recommendation. Furthermore, the request did not indicate a quantity or frequency for this medication, therefore, the request is not medically necessary.