

Case Number:	CM14-0084577		
Date Assigned:	07/21/2014	Date of Injury:	06/22/2005
Decision Date:	12/23/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 injured worker is a 50 year old who suffered an unidentified work related injury on 06/28/2005 She underwent surgery for disc herniation and spinal stenosis on 09/19/2012. Her diagnoses include L3-L4 disc herniation with lumbar fusion, status post L5-S1 replacement and fusion, right knee chondromalacia of the patella, and slight impaired gait secondary to right knee and lower back pathology. She continues to complain of low back pain, described as constant, sharp, dull, and achy pain that worsens with sitting, lying on the right side, and standing and walking that rates 8-9/10. She reports some relief with Lidocaine patches. She also complains of right knee pain. Her current treatments include Ultram, Motrin, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50mg) #120: 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 Opioids, Tramadol, Ultram Page(s): 74-96,113,123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Tramadol is classified as central acting synthetic opioids. The MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." Although the treating physician states that first line failure has occurred, the notes did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. The patient has been on this medication since at least 4/2014 and has not documented notable improvement in function. As such, the request for Ultram (Tramadol 50mg) #120 is not medically necessary.

Flurbiprofen/Tramadol/Ranitidine (100/100/100 mg) #90: 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 Guidelines NSAIDs, GI symptoms & cardiovascular risk; Opioids, Tramadol, Ultram; NSAIDs (non-ste. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk / Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Ranitidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. The MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." In the treatment notes, the treating physician cites GI protection as the main reason for this requested medication. Based on the documents provided, the patient is not older than 65 years old, does not have a documented history of peptic ulcer/GI bleeding/perforation, not on concurrent ASA, steroid, or anticoagulant, and is not on high does/multiple NSAIDs. The medical documents do not meet the guideline recommendation for initiation of GI prophylaxis. As such, the request for Flurbiprofen/Tramadol/Ranitidine (100/100/100 mg) #90 is not medically necessary.

Kera-Tek Analgesic Gel: 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 Salicylate, Topical analgesic Page(s): 105,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylate Topicals, Topical Analgesics

Decision rationale: Kera-Tek Gel is the brand name version of a topical analgesic medication containing menthol and methyl salicylate. The ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. The MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." The medical documents do not support the use of this topical compound agent. As such, the request for Kera-Tek Analgesic Gel is not medically necessary.