

Case Number:	CM14-0086885		
Date Assigned:	07/23/2014	Date of Injury:	09/03/2013
Decision Date:	09/03/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 57 year old male injured on 09/03/13 when he stepped on commercial tools which collapsed resulting in injury to the left leg, back, and right hand. Clinical note dated 05/01/14 indicated the injured worker presented reporting mild improvement in lumbar spine pain with chiropractic therapy. There was intent to request physical therapy/acupuncture to decrease pain and improve mobility. The injured worker denied bilateral lower extremity radicular symptoms, pain, numbness and tingling, and weakness. Left knee pain was substantially improved. Physical examination revealed bilateral lumbar/lumbosacral tenderness, 5/5 strength, sensation intact to bilateral lower extremities, normal gait, and difficulty rising from sitting. Medications included tramadol 50mg twice daily, topoprofan every evening, cyclo-keto-lido cream as needed, and naproxen 550mg twice daily. Diagnoses included lumbar spine facet arthrosis/spondylosis, left knee sprain/strain improving, stress, and sleep disturbance. Initial request for 60 tablets of tramadol 150mg, 30 tablets of topoprofan 1mg, and one container cyclo-keto-lido cream 240g was non-certified on 05/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Tramadol 150 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog pain scale scores for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of 60 Tablets of Tramadol 150 mg cannot be established at this time.

30 Tablets of Toprophan 1 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Herbal medicines.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Toprophan consists of vitamin B6, L-Tryptophan, chamomile, valerian extract, melatonin, inositol and other ingredients. The combination of these ingredients may aid patients in falling and staying asleep; however, the use of herbal medicines or medical foods is not recommended. There is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for 30 Tablets of Toprophan 1 mg is not medically necessary.

1 Container of CycloKetoLido Cream 240 Grams: 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 Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: cyclobenzaprine

and ketoprofen which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore 1 Container of CycloKetoLido Cream 240 Grams is not medically necessary as it does not meet established and accepted medical guidelines.