

Case Number:	CM14-0188064		
Date Assigned:	11/18/2014	Date of Injury:	11/06/2013
Decision Date:	01/14/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/11/2014

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 Texas and Florida. 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 47 year old female who was injured on 11/6/2013. The diagnoses are low back pain, lumbar radiculitis and lumbar strain. The patient completed physical therapy (PT), acupuncture and chiropractic treatments. On 10/8/2014, the noted subjective complaints were of low back pain radiating to right lower extremity. The pain score is rated as 2-8/10 on a scale of 0 to 10. There is associated numbness and tingling sensations. There are objective finding of lumbar paraspinal tenderness and decreased range of motion of the lumbar spine. The straight leg raising test was positive. The medications are Relafen, Ultram and topical cream for pain. A Utilization Review determination was rendered on 10/15/14 recommending non certification for cyclo-keto-lido cream BID 240gm and Ultram 50mg BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-ket-lido Cream BID 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Drugs, (updated 10/06/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The subjective and objective findings are not consistent with localized neuropathic pain. The records did not show that the patient has failed first line medications. The guidelines recommend that topical medications be tried and evaluated individually. There is lack of Food and Drug Administration (FDA) or guideline support for the use of cyclobenzaprine in non-oral formulation. The use of multiple non-steroidal anti-inflammatory drugs (NSAIDs) is associated with increased risk of NSAID related adverse effects. Therefore, this request is not medically necessary.

Ultram 50mg BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, criteria for use; and Specific Drug List. Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy (PT). The chronic use of tramadol is associated with the development of less incidence of addiction, sedation, tolerance and opioid related adverse effects that the use of pure opioid agonist. The patient reported significant pain relief with functional restoration with the use of Ultram. There was no documentation of aberrant behavior or adverse effects. The criterion for this request has been met; therefore, this request is medically necessary.