

Case Number:	CM14-0188708		
Date Assigned:	11/19/2014	Date of Injury:	06/22/2005
Decision Date:	01/07/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/12/2014

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:

Patient is a 60 year-old female with date of injury 06/22/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/16/2014, lists subjective complaints as pain in the low back and right knee. Objective findings: Examination of the lumbar spine revealed decreased range of motion with tenderness over the paraspinal muscles, right greater than left. Kemp's test was positive bilaterally. Strength and sensation were normal on the left and decreased on the right at L4. Examination of the right knee revealed decreased range of motion and tenderness over the medial joint line. Positive Valgus and Varus tests and sensory and strength testing was normal. Diagnosis includes 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. The medical records supplied for review document that the patient has been taking Ultram for at least as far back as six months. The Diclofenac/Lidocaine Cream was first prescribed on 09/16/2014. Medications: 1. Ultram 50mg, #120 SIG: 1-2 tabs by mouth every 4-6 hours. 2. Diclofenac/Lidocaine (3%/5%) 180gm SIG: topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #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 Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of Tramadol. Ultram 50 mg #120 is not medically necessary.

Diclofenac/Lidocaine 180 gm: 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 Medical Treatment Guidelines Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. Diclofenac/Lidocaine 180 gm is not medically necessary.