

<b>Case Number:</b>	CM14-0193341		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/12/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 44 year old male injured worker suffered an industrial injury on 08/12/2012. The diagnoses were lumbosacral, thoracic and cervical spine sprain. The diagnostics included lumbar spine magnetic resonance imaging. The injured worker had been treated with physical therapy and medications. On 5/3/2013 the treating provider reported back pain that was constant with leg weakness. The treatment plan included retrospective request for Tramadol, Dendracin lotion and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol 150 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 44 year old male has complained of low back pain and cervical spine pain since date of injury 8/12/12. He has been treated with physical therapy and medications to include opioids since at least 10/2012. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not medically necessary.

**Retrospective request for Dendracin lotion 60 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 44 year old male has complained of low back pain and cervical spine pain since date of injury 8/12/12. He has been treated with physical therapy and medications. The current request is for Dendracin lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Dendracin lotion is not medically necessary.

**Retrospective request for Soma 350 mg #40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma.

**Decision rationale:** This 44 year old male has complained of low back pain and cervical spine pain since date of injury 8/12/12. He has been treated with physical therapy and medications to include muscle relaxants since at least 10/2012. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended. On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not medically necessary.