

Case Number:	CM14-0201009		
Date Assigned:	12/11/2014	Date of Injury:	09/27/2006
Decision Date:	01/29/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice and is licensed to practice in New Jersey. 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:

This 61 year old female sustained a work related injury on 9/27/2006. The mechanism of injury was reported to be injury from a fall. The current diagnoses are low back pain and lower extremity pain. According to the progress report dated 9/19/2014, the injured workers chief complaints were lower back, lower extremity, and gluteal pain. Additionally, she reported right elbow and upper extremity pain. The physical examination revealed tenderness to palpation in the paralumbar region. Straight leg raise test is positive bilaterally. Current medications are Ultram ER, Duexis, and Partell compound cream. No diagnostic imaging reports were specified in the records provided. On this date, the treating physician prescribed Partell compound cream, Ultram ER, and Duexis, which is now under review. According to the Utilization Review, the injured worker was previously treated with a right L4-5 and L5-S1 transforaminal epidural steroid injection on 12/19/2012. When the medications were prescribed work status was not described. On 11/4/2014, Utilization Review had non-certified a prescription for Partell compound cream, Ultram ER, and Duexis. The Ultram ER was modified to allow for weaning. The Partell and Duexis were non-certified based on not meeting the recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partell compound cream: 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.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. It is unclear what the actual ingredients for this compound cream are and how often she is using it. Therefore, the request is considered not medically necessary.

Ultram 200mg extended release QTY#30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Ultram is not medical necessary. There is no documentation of what her pain was like previously and how much Ultram decreased her pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There were no urine drug screenings or drug contract. There were no long term goals documented. It is unclear by the chart how often the patient requires the use of opiates for pain relief. Because of these reasons, the request for Ultram is considered medically unnecessary.

Duexis 800mg QTY#90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request is considered not medically necessary. The patient was on Duexis for back and lower extremity pain. According to MTUS guidelines, NSAIDs are recommended for short term relief of lower back pain and should be used for the shortest duration possible. Chronic use of NSAIDs carries risk of GI bleeding, hypertension, and renal dysfunction. The need for GI prophylaxis is not documented. According to MTUS, the patient is at low risk of GI events. She is younger than age 65, does not have a history of PUD, GI bleed or perforation, she does not use aspirin, chronic corticosteroids, or anticoagulants, is not on high dosages or multiple NSAIDs. There were no GI complaints. Therefore, the request is considered not medically necessary.