

Case Number:	CM14-0203465		
Date Assigned:	12/16/2014	Date of Injury:	05/01/1999
Decision Date:	02/17/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 68 year old female with an injury date of 10/11/01. As per progress report dated 09/16/14, the patient complains of constant, burning pain in mid to lower back. Physical examination reveals tenderness to palpation in the lower lumbar paravertebral musculature. Range of motion is limited and painful with flexion at 60 degrees, extension at 10 degrees, left lateral bending at 20 degrees, and right lateral bending at 30 degrees. Physical examination of the cervical spine reveals tenderness to palpation in the posterior cervical and bilateral trapezial musculature. Forward flexion is to within 1 finger breadth of chin to chest, extension to 10 degrees, and bilateral lateral rotation at 60 degrees. In progress report dated 05/20/14, the patient complains of persistent pain in her neck radiating to her upper and mid back accompanied by numbness in the upper extremities. The patient was diagnosed with cervical stenosis and cervical radiculopathy. Medications, as per progress report dated 09/16/14, included Voltaren, Ultram, and topical Ultracin lotion. The patient was referred to physical therapy, as per progress report dated 05/20/14. The patient is not working, as per progress report dated 03/25/14. MRI of the Lumbar Spine (date not mentioned), as per progress report dated 09/16/14: Mild stenosis at L4-5, L5-S1 with moderately severe facet arthropathy at L4-5 and L5-S1. MRI of the Cervical Spine (date not mentioned), as per progress report dated 05/20/14: Central canal diameter of 5 mm at C6-7 and 6 mm at C5-6. Diagnoses, 09/16/14:- Lumbar facet syndrome- Cervical stenosis, multilevel, with C6 syrinx. The treator is requesting for (a) ULTRAM 50 mg # 60 WITH 2 REFILLS (b) ULTRACIN LOTION, 12 GRAMS. The utilization review determination being challenged is dated 11/04/14. Treatment reports were provided from 03/25/14 - 09/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain; Criteria for use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: The patient presents with constant, burning pain in mid to lower back with limited and painful range of motion, as per progress report dated 09/16/14. The request is for Ultram 50 mg # 60 with 2 refills. The patient also suffers from persistent pain in her neck radiating to her upper and mid back accompanied by numbness in the upper extremities, as per progress report dated 05/20/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Based on a review of the available progress reports, the patient has been prescribed Tramadol as early as 3/25/14 report. In the latest report dated 09/16/14, the treating physician states that the patient "notes functional improvement and pain relief with the adjunct of the medications." However, the progress reports do not document a change in pain scale and specific improvement in function. No urine drug screening (UDS) and CURES reports are available for review. The treating physician does not discuss the side effects associated with opioid use. The MTUS guidelines require specific discussion about the four A's, including analgesia, specific activities of daily livings (ADL's), adverse reactions, and aberrant behavior, for continued opioid use. Therefore, this request is not medically necessary.

Ultracin lotion, 12 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical; Topical Compounded Creams Page(s): 28-29; 111.

Decision rationale: The patient presents with constant, burning pain in mid to lower back with limited and painful range of motion, as per progress report dated 09/16/14. The request is for Ultracin lotion, 12 grams. The patient also suffers from persistent pain in her neck radiating to her upper and mid back accompanied by numbness in the upper extremities, as per progress report dated 05/20/14. Regarding Capsaicin, MTUS guidelines, on page 29, state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. Any compounded product that contains at least one drug (or

drug class) that is not recommended is not recommended. Ultracin lotion contains methyl salicylate, menthol and capsaicin. A review of the available progress reports indicates that this is the first prescription for the topical formulation. The treating physician, however, does not discuss why the ointment was chosen over other topical formulations. MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Additionally, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request is not medically necessary.