

Case Number:	CM15-0007865		
Date Assigned:	02/17/2015	Date of Injury:	11/20/2012
Decision Date:	03/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/14/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 injured worker is a 55 year old male who sustained an industrial injury on 11/20/12. He reports lumbar spine and bilateral lower extremity pain, rated at 5/10. Treatments to date include medications. Diagnoses include lumbar spine degenerative disc disease with spondylosis. In a progress noted dated 10/15/14 the treating provider reports a request for a second orthopedic opinion, MRI of the lumbar spine, and medications to include Tramadol and Naproxen. On 12/11/14 Utilization Review non-certified Tramadol, Naproxen, and cyclobenzaprine cream, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, two (2) times per day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 76, 78, 79-80, 80, 89, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest that this full review was completed. In particular, there was not enough documentation to show measurable functional gains directly related to the tramadol use. Also, the provider documented that he had "tried and failed conservative treatment," suggesting that his medications, including tramadol, was not sufficient to control the pain, which was reported as 5/10 on the pain scale. However, there was no comparison of what his pain level would be without the tramadol. Therefore, without clear evidence of benefit, the tramadol will be considered medically unnecessary. Weaning may be needed.

Naproxen 550mg, two (2) times per day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66, 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was not enough documentation to show measurable functional gains directly related to the naproxen use. Also, the provider documented that he had "tried and failed conservative treatment," suggesting that his medications, including naproxen, which was used chronically leading up to this request, was not sufficient to control the pain, which was reported as 5/10 on the pain scale, recently. However, there was no comparison of what his pain level would be without the naproxen. Regardless, the diagnosis and the limited pain reduction suggests discontinuation is most appropriate, as NSAIDs have long-term risks. Therefore, the naproxen will be considered medically unnecessary.

Cyclo Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that topical analgesics are recommended as an option, but are largely experimental in use with few randomized-controlled trials to determine efficacy or safety, especially for compounded products. Muscle relaxants, specifically, are not recommended due to the lack of supportive evidence for general use to treat chronic pain. In the case of this worker, he had been taking a combination topical analgesic which included cyclobenzaprine, ketoprofen, and lidocaine. Due to the product containing a muscle relaxant (cyclobenzaprine), the entire product will be considered medically unnecessary, as suggested in the MTUS Guidelines.