

Case Number:	CM15-0101444		
Date Assigned:	06/03/2015	Date of Injury:	02/27/2012
Decision Date:	07/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/27/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50 year old female with an industrial injury dated 02/27/2012. The mechanism of injury is documented as slipping and "flew backward" causing her to bend her body in an awkward way resulting in back pain. Her diagnoses included right lumbar radiculopathy, chronic pain status post lumbar fusion on 01/24/2013, right sacroiliac joint dysfunction, lumbar facet arthropathy, lumbar myofascial strain and lumbago. Prior treatment included acupuncture, lumbar fusion, epidural prior to surgery, 12 sessions of chiropractic therapy and Toradol injection for pain (decreased pain significantly for a couple of days). She states the epidural did not provide any relief and caused severe headaches. She presents on 03/17/2015 with low back pain described as aching and stabbing and rated as 7/10 on the pain scale. She notes radiation from her back into her right lower extremity down to her knee. She was taking over the counter Aleve for pain. She had been placed on Pamelor (kept her awake) which she had discontinued. She had finished a course of prednisone (with no benefit). Physical exam revealed normal reflexes except absent right lower extremity reflexes. Strength was normal in all major joints. There was limited lumbar flexion on the right. CT report is documented in the 03/17/2015 note however the formal report is not in the submitted records. Treatment plan included Lidopro topical ointment, follow up in 4 weeks, request epidural steroid injection, physical therapy and Tramadol. The provider documented CURES report from 02/17/2015 is consistent with medications prescribed and there are no signs of misuse/abuse/divergence or addiction with the medications prescribed. The request is for one container of Lidopro topical ointment and 60 tablets of Tramadol/APAP 37.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Lidopro Topical ointment: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Lido Pro cream is not medically necessary.

60 tablets of Tramadol/APAP 37.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain

patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medication. There is no clear justification for the need to continue the use of Ultracet. Therefore, the prescription of 60 tablets of Tramadol/APAP 37.5mg is not medically necessary at this time.