

Case Number:	CM15-0130038		
Date Assigned:	07/16/2015	Date of Injury:	06/10/2012
Decision Date:	09/09/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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 York

Certification(s)/Specialty: Internal 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 26 year old female, who sustained an industrial injury on June 10, 2012. She reported low back pain and lower extremity pain after carrying a half keg to the tap station while working as a bar tender. The injured worker was diagnosed as having thoracolumbosacral neuritis and radiculitis and lumbar spine sprain/strain. Treatment to date has included diagnostic studies, conservative care, physical therapy, chiropractic care and acupuncture, pain management consultation, medications and work restrictions. Currently, the injured worker complains of continued low back pain with pain, tingling and numbness radiating to the lower extremities worsened with activity, sitting and standing. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 16, 2015, revealed continued pain with associated symptoms as noted. Magnetic resonance imaging (MRI) of the lumbar spine revealed disc herniation and displacement, spinal canal narrowing and neuroforaminal narrowing. It was noted the heel walk test was normal bilaterally and the toe walk test was normal bilaterally. Straight leg test was positive bilaterally. Sensation was intact in bilateral lower extremities. Motor strength was normal bilaterally. Evaluation on May 18, 2015, revealed continued pain as noted. Compounded creams were recommended and Tramadol was continued. She rated her pain without medications at a 6 on a 1-10 scale with 10 being the worst. Compound GCB: Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 5%, in cream base 210gm, Compounded FBD: Flubiprofen 20%, Baclofen 5%, Dexethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025 in cream base 210gm and Tramadol 150mg #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: 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): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Tramadol is a centrally-acting opioid. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose will be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed centrally-acting opioid medication did not decrease the level of pain the injured worker reported. There was no noted functional improvement or improved pain from one visit to the next. The request for Tramadol 150 mg #30 is not medically necessary.

Compound GCB: Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 5%, in cream base 210gm: 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): 111-113.

Decision rationale: Per the California (CA) MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The CA MTUS notes topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. There was no documentation indicating a failed trial of a first line therapy. Compound GCB: Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 5%, in cream base 210gm is not medically necessary.

Compounded FBD: Flubiprofen 20%, Baclofen 5%, Dexethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025 in cream base 210gm: 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): 111-113.

Decision rationale: Per the California (CA) MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The CA MTUS notes topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. There was no documentation indicating a failed trial of a first line therapy. Compounded FBD: Flubiprofen 20%, Baclofen 5%, Dexethasone 2%, Menthol 2%, Camphor 2%, and Capsaicin 0.025 in cream base 210gm is not medically necessary.