MAXIMUS Federal Services

Case Number:	CM15-0136472		
Date Assigned:	07/24/2015	Date of Injury:	08/23/2007
Decision Date:	08/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/14/2015

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: California, Indiana, 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 33-year-old male who sustained an industrial injury on 8/23/07 resulting in radiating neck and lower back pain. He was diagnosed with degenerative disc disease with facet arthropathy and annular fissure at L3-4 and L4-5; herniated nucleus pulposus at L3-4 and L4-5 with stenosis; lumbar radiculopathy; degenerative disc disease; facet arthropathy of cervical spine; and, herniated nucleus pulposus at C3-4, C4-5 and C5-6 with stenosis. Treatment has included acupuncture with reported moderate temporary relief; chiropractic therapy which he said was not helpful; cervical and lumbar steroid injections with report of no benefit; and, medication. The injured worker continues to complain of upper and lower back pain. The treating physician's plan of care includes Tramadol-APAP 37.5-325mg and CM3-Ketoprofen 20 percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Apap 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol/APAP 37.5/325mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are degenerative disc disease with facet arthropathy and annular fissure at L3 - L4 and L4 - L5; HNP at L3 - L4 and L4 - L5 with stenosis; lumbar radiculopathy; degenerative disc disease and facet arthropathy cervical spine; and HNP at C3 - C4, C4 - C5, and C5 - C6 with stenosis. Date of injury is August 23, 2007. Request for authorization is June 11, 2015. Documentation from a September 25, 2012 progress note shows the treating provider prescribed Tramadol 50 mg and Terocin cream at that time. A progress note dated April 13, 2015 shows the injured worker was taking Tramadol 150. According to a progress note dated May 11, 2015, Tramadol was changed to Ultracet. Subjectively, the injured worker complained of neck pain 7/10 that radiated to the bilateral upper extremities numbness. There was low back pain 7/10. Objectively, motor examination was normal with decreased light touch at C5 - C6, C7 and C8. Utilization review indicates recommendations were made to modify and wean Tramadol September 16, 2013. A similar recommendation was made May 15, 2015. There is no documentation demonstrating objective functional improvement with ongoing Tramadol. There are no detailed pain assessments the rental risk assessments in the medical record. That has been no attempt at weaning Tramadol. There is no clinical rationale for changing Tramadol Tramadol/APAP. Consequently, absent clinical documentation demonstrating objective functional improvement, recommendations to modify and wean Tramadol since September 2013, or rationale for changing Tramadol Tramadol/APAP, no detailed pain assessments and no risk assessments, Tramadol/APAP 37.5/325mg #60 is not medically necessary.

CM3-Ketoprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, CM3 - Ketoprofen 20% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic

pain. In this case, the injured worker's working diagnoses are degenerative disc disease with facet arthropathy and annular fissure at L3 - L4 and L4 - L5; HNP at L3 - L4 and L4 - L5 with stenosis; lumbar radiculopathy; degenerative disc disease and facet arthropathy cervical spine; and HNP at C3 - C4, C4 - C5, and C5 - C6 with stenosis. Date of injury is August 23, 2007. Request for authorization is June 11, 2015. Documentation from a September 25, 2012 progress note shows the treating provider prescribed Tramadol 50 mg and Terocin cream at that time. A progress note dated April 13, 2015 shows the injured worker was taking Tramadol 150. According to a progress note dated May 11, 2015, Tramadol was changed to Ultracet. Subjectively, the injured worker complained of neck pain 7/10 that radiated to the bilateral upper extremities numbness. There was low back pain 7/10. Objectively, motor examination was normal with decreased light touch at C5 - C6, C7 and C8. The documentation shows ketoprofen 20% cream first appeared in a progress note dated July 28, 2014. There is no clinical indication or rationale for ketoprofen 20% cream. There is no documentation demonstrating objective functional improvement with its continued use. There is no documentation of failed first-line treatment. There are two prescription numbers for the topical analgesic CM3 ketoprofen 20%. One prescription number is 156944 and the second prescription number is 156123. The quantity to be dispensed is not documented. The specific instructions for use are not documented. Consequently, absent clinical documentation with a clinical indication and rationale, documentation demonstrating objective functional improvement with continued ketoprofen 20%, failed first-line treatment with antidepressants and anticonvulsants and a specific quantity and instruction, CM3 - Ketoprofen 20% is not medically necessary.

CM3-Ketoprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

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functional improvement with its continued use. There is no documentation of failed first-line treatment. There are two prescription numbers for the topical analgesic CM3 ketoprofen 20%. One prescription number is 156944 and the second prescription number is 156123. The quantity to be dispensed is not documented. The specific instructions for use are not documented. Consequently, absent clinical documentation with a clinical indication and rationale, documentation demonstrating objective functional improvement with continued ketoprofen 20%, failed first-line treatment with antidepressants and anticonvulsants and a specific quantity and instruction, CM3 - Ketoprofen 20% is not medically necessary.