

Case Number:	CM15-0139016		
Date Assigned:	07/29/2015	Date of Injury:	04/10/1997
Decision Date:	09/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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, North Carolina
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 65-year-old male, who sustained an industrial injury on 4/10/97. The injured worker was diagnosed as having lumbosacral sprain-strain and cervical spine sprain-strain. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, spinal cord stimulator, oral and topical medications, physical therapy and home exercise program. Currently on 5/7/15, the injured worker complains of flare-up of constant, moderate neck pain and sub occipital pain for 15 days. He notes pain is 4/10 with medications and 9/10 without medications and improves his sleep, participation in therapy program and improved participation in home exercise program. He is retired and not working. Physical exam performed on 5/7/15 revealed tenderness to palpation and guarding of sub occipital and cervical area with decreased range of motion. The treatment plan included request for authorization for Ultracet, Anaprox and Ultracin topical lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram 50 mg #120 with a dos of 5/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80, 93-94.

Decision rationale: CA MTUS Guidelines state that Ultram (Tramadol) is a synthetic opioid that acts on the central nervous system. The long-term use of opioids requires ongoing review and documentation of pain relief, function, adverse effects and aberrant behavior. In this case, there is no evidence of improved functionality with the use of Tramadol. A plan for long-term use of Tramadol is also lacking. Therefore, the request for Tramadol is not medically necessary or appropriate.

Retrospective Ultracin topical lotion 120 ml with a dos of 5/7/2015: 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: CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical agents are recommended when trials of first-line agents, antidepressants and anticonvulsants, have failed or when oral agents cannot be tolerated. Ultracin lotion contains methyl salicylate, menthol and capsaicin. In this case, no rationale is given for a compounded topical agent. There is no discussion of failure of first-line agents. In addition, the patient is able to take oral medications. Therefore, the request is deemed not medically necessary or appropriate.