

Case Number:	CM15-0139353		
Date Assigned:	07/29/2015	Date of Injury:	03/28/2014
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 60-year-old male who sustained an industrial injury 03/28/2014. Diagnoses/impressions include cervical, cervicothoracic sprain/strain; lumbosacral sprain/strain; radiculopathy of the lower extremities/thoracic/lumbosacral unspecified. Treatment to date has included medications, chiropractic treatment and physical therapy (PT). MRI of the lumbar spine dated 6/6/14 showed multilevel disc degeneration; prevertebral spondylosis was moderate to severe from T10-11 through T12-L1 and mild to moderate from L2-3 through L5-S1; and central canal and foraminal stenosis from L2-3 to L5-S1. According to the progress notes dated 6/18/15, the IW reported constant low back pain, normally 6-9/10, but worse with certain activities. He also reported aching pain radiating down the legs. On examination, his gait was antalgic and stiff. He had difficulty rising from a sitting position. The notes indicated the medications were helping with pain, gastritis and muscle spasms. A request was made for Tramadol 50mg, #60 with 1 refill; Prilosec 20mg, #30 with 1 refill; and Cyclobenzaprine/Tramadol cream with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has taken Tramadol previously for the same complaint without documented evidence of decrease in pain or increase in function. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg #60 with 1 refill is determined to not be medically necessary.

Prilosec 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec. Additionally, there is no evidence that the injured worker is taking NSAIDs. The request for Prilosec 20mg #30 with 1 refill is determined to not be medically necessary.

Cyclobenzaprine/Tramadol cream with 1 refill: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not specifically address the use of topical tramadol. As at least one of the medications in the requested compounded medication is not approved by the guidelines, the request for Cyclobenzaprine/Tramadol cream with 1 refill is determined to not be medically necessary.