

Case Number:	CM15-0149448		
Date Assigned:	08/12/2015	Date of Injury:	09/10/2007
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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: Connecticut, California, Virginia
 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:

This injured worker is a 55 year old female who reported an industrial injury on 9-10-2007. Her diagnoses, and or impression, were noted to include: lumbosacral disc herniation with narrowing and nerve root impingement; arthritis of the lumbar facets; herniated nucleus pulposus in the lumbar and lumbosacral area, with radiculopathy; and morbid obesity. Recent magnetic imaging studies of the lumbar spine were noted on 6-9-2015. Her treatments were noted to include medication management with toxicology screenings; and rest from work with activity restrictions. The progress notes of 6-16-2015 reported severe pain in her back that radiated into her legs; severe left knee pain; moderate pain in her neck; that her pain is helped by her medications; and the inability to lose weight with continued weight gain. Objective findings were noted to include: morbid obesity; a very stiff lumbar curve with no exaggerated pain behaviors; and tenderness, trigger points and spasms to the back with positive bilateral straight leg raise. The physician's requests for treatments were noted to include a drug toxicology screening and the continuation of Tramadol Hydrochloride and a topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine tox screening Page(s): 89.

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc. Without documentation of concerns for abuse/misuse or aberrant behavior, the need for screening cannot be substantiated at this time and is therefore not considered medically necessary.

Topical creams: Ketoprofen/Gabapentin/Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Compounds Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Gabapentin is not recommended as a topical ingredient by the MTUS, and therefore the request for a compound containing Gabapentin for topical use cannot be deemed medically necessary.

Tramadol 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 12, 13, 83, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 73-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable.

Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably denied the request, however, they failed to facilitate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Tramadol is considered necessary for the purposes of weaning or provision of clear objective evidence that the medication is, in fact, leading to functional improvement. Therefore, the request is medically necessary.