

Case Number:	CM15-0192971		
Date Assigned:	10/07/2015	Date of Injury:	03/18/2013
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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: 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 30-year-old female, who sustained an industrial injury on 3-18-13. She is diagnosed with lumbar disc displacement with myelopathy, multilevel lumbar spine, lumbar myofascitis-myofascitis, thoracalgia myofascitis, thoracic myalgia-myofascitis and thoracic muscle spasm. Her work status-disability is worker compensation disability. A note dated 8-11-15 reveals the injured worker presented with complaints of moderate bilateral low back pain that radiates into her bilateral upper back and buttocks, right hip and left lower extremity that is described as aching, sharp and throbbing. She reports constant, moderate bilateral mid back pain that radiates into her lower back and is described as aching, dull, sharp, stabbing and throbbing. Her pain is increased by physical activity, bending, lying down, lifting prolonged sitting, standing and walking, is relieved by lying down, medication, sitting, standing and stretching, and is rated at 7-8 out of 10. She reports difficulty engaging in activities of daily living due to the pain. A physical examination dated 8-11-15 revealed an altered gait, decreased range of motion noted at the lumbar spine. There is tenderness in the bilateral lumbar spine region (grade 3), "palpation of the lumbar spine demonstrates hypertonicity in lumbar region bilaterally" (severe), trigger points are present in the "erector spinae bilaterally" (severe) and 3+ tenderness of the "lumbosacral spinous interspaces". The bilateral straight leg raise is positive and caused radiating pain. There was localized low back pain during the bilateral Kemps test. There is increased tenderness in the sacral spine in the "sacro tubercles" bilaterally (grade 3), "myofascial trigger point of the gluteus bilaterally" (moderate), discomfort and tenderness in the "sacroiliac" bilaterally (grade 2) and "iliopsoas" bilaterally (grade 2). The pelvic region reveals

"hypertonicity of the gluteus" bilaterally (moderate) and "iliopsoas" bilaterally (moderate) trigger points are present in the "gluteus" bilaterally (moderate) and "iliopsoas" bilaterally (moderate). The thoracic spine reveals tenderness bilaterally (grade 2), tenderness to palpation in the "spinous process at T9, T10, T11 and T12" (grade 3). The thoracic musculature reveals "hypertonicity" bilaterally (moderate), "myofascial trigger point of the erector spinae" bilaterally (moderate) and trapezius bilaterally (moderate). Palpation of the thoracic spine produced pain and tenderness in the "paravertebral muscles in T6, T7, T8, T9 and T10" bilaterally. Treatment to date has included medications; Prilosec, Tramadol and Anaprox, chiropractic care, acupuncture and physical therapy. Diagnostic studies to date have included x-rays and MRIs. A request for authorization dated 8-11-15 for Ultram 50 mg #90 is modified to #45 and Flurbiprofen (transdermal-NSAID) compounded cream 20% strength is non-certified, per Utilization Review letter dated 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documentation of significant subjective improvement in pain such as VAS scores. There is no objective measure of improvement in function or activities due to medication. Work status is not mentioned. For these reasons, not all the criteria set forth above of ongoing and continued used of opioids have been met. Therefore, the request is not medically necessary.

Flurbiprofen (transdermal/NSAID) compounded cream 20% strength: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka,

2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options but rather the diagnosis of back pain. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.