

Case Number:	CM15-0198804		
Date Assigned:	10/14/2015	Date of Injury:	05/24/2003
Decision Date:	11/20/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/09/2015

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 59-year-old male, who sustained an industrial injury on 5-24-03. The injured worker was diagnosed as having severe L5-S1 instability; degenerative joint disease and collapse L3-4; impingement of S1 nerve roots bilaterally; severe depression; insomnia; sexual dysfunction. Treatment to date has included status post L5-S1 decompression laminectomy (2003); status post lumbar decompression fusion L5-S1 (11-4-10); physical therapy; medications. Currently, the PR-2 notes dated 9-1-15 indicated the injured worker complains of moderate lower back pain. He is not working and reports he has been using topical creams of Ketoprofen, Gabapentin and Tramadol. He does not take any oral pain medication. He reports using a cane in his right hand for balance. The provider reports he is included status post L5-S1 decompression laminectomy (2003); status post lumbar decompression fusion L5-S1 (11-4-10). He is diagnosed with severe L5-S1 instability and degenerative joint disease and collapse with impingement of S1 nerve roots bilaterally. The treatment plan includes a renewal of his topical creams; also an extension of the TENS unit and a urine toxicology test. A PR-2 dated 1-28-15 indicates a kidney specialist is evaluating the injured worker for renal insufficiency. It was recommended at that time "to reduce medication intake including medications such as Norco, narcotics and other medications that may be cleared by the kidneys". A Request for Authorization is dated 10-9-15. A Utilization Review letter is dated 10-5-15 and non-certification for 1 Urine toxicology screen and Tramadol 20% cream. A request for authorization has been received for 1 Urine toxicology screen and Tramadol 20% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was not on opioids at the time of request and not showing aberrant behavior, therefore the request is not medically necessary.

Tramadol 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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. The requested medication contains ingredients (tramadol) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

