

Case Number:	CM15-0200628		
Date Assigned:	10/16/2015	Date of Injury:	10/07/2013
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 36 year old male, who sustained an industrial injury on 10-7-13. The documentation on 8-12-15 noted that the injured worker has complaints of low back pain that radiates into his sacrum and coccyx. The injured worker rates his low back at a 0-1 out of 10 on the pain scale. Tenderness to palpation left paraspinal L3-S1 (sacroiliac). There is limited lumbar extension left with mild improvement since previous visit. The facet loading is + left lumbar. Magnetic resonance imaging (MRI) of the lumbar spine on 12-9-13 was within normal limits. Lumbar spine X-ray on 10-7-13 showed mild narrowing of the lower disc spaces with no acute fracture or dislocation of the lumbar spine. Urinalysis drug screen on 5-20-15 was inconsistent for the prescribed hydrocodone, nor hydrocodone and hydromorphone. The diagnoses have included lumbar facet arthropathy; sprain of lumbar and lumbago. Treatment to date has included rhizotomy left L4-L5 and L5-S1 (sacroiliac) facet joints on 5-7-15 with 50 percent relief of low back pain; transcutaneous electrical nerve stimulation unit provides temporary relief; 12+ physical therapy sessions in November 2013 provided minimal relief; 12 chiropractic therapy provided minimal relief; medial branch block right L4-5, L5-S1 (sacroiliac) facets on 8-13-14 with 100 percent relief for 4 hours, pain returned gradually; motrin for flare up of symptoms; prilosec for gastrointestinal upset; norco as needed, which tends to be about once a month; tramadol with significant relief and ketoprofen cream as needed with no relief. The documentation noted that the injured worker has been on ketoprofen tramadol since at least 7-23-15. The original utilization review (9-11-15) non-certified the request for 1 prescription of CM3-ketoprofen cream 20% #1. The request for 1 prescription of tramadol-acetaminophen 37.5-325mg #120 was modified to #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of CM3- Ketoprofen cream 20% #1: 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: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary and has not been established.

1 prescription of Tramadol/APAP 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines section on Opioids, On-Going Management, p 74-97, (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the

injured worker should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or injured worker 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 nonopioid 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. Additionally, the MTUS states that continued use of opioids requires (a) the injured worker has returned to work, (b) the injured worker has improved functioning and pain. There is no current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects or review of potentially aberrant drug taking behaviors as outlined in the MTUS and as required for ongoing treatment. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary and has not been established.