

Case Number:	CM15-0027116		
Date Assigned:	02/19/2015	Date of Injury:	01/11/2006
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 56-year-old female who sustained an industrial injury on 01/11/2006. Current diagnoses include lumbago, spasm of muscle, and lumbar sprain/strain. Previous treatments included medication management, and TENS unit. The most recent clinical treating physician note submitted was dated 05/22/2014. This note indicated that the injured worker presented with complaints that included low back pain and lower leg muscle spasms. Pain level was rated as 1-2 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings. Current medication regimen included loproressor, HCTZ, methotrexate, Norco, and Tramadol. The injured worker noted that the cream was reducing her neuropathic pain. The physician noted that the CURES report was checked and pain management agreement was discussed and signed. Utilization review performed on 02/05/2015 non-certified a prescription for Tramadol, Lenza patch, and GLFCMK compound, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5 MG/APAP 325 MG Qty 60: Upheld

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

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

Decision rationale: Tramadol is a medication in the opioid class. Acetaminophen is a medication in the general pain reliever class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication. As well as the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was suffering from lower back pain and leg muscle spasms. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no indication the worker was taking this medication or that it was being considered. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of tramadol with acetaminophen 37.5/325mg for use as needed is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use, if it is being taken, significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Lenza Patch Qty 30: Upheld

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

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Lenza Patch a compound that contains medications from the anesthetic (lidocaine 4.5%) and general pain reliever (menthol 1%) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for thirty Lenza Patch patches is not medically necessary.

GLFCMK Compound Qty 2: Upheld

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

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The submitted and reviewed documentation did not indicate what the components of this compound were or include a discussion detailing special circumstances that would support the use of this compound product in this setting. Further, an unspecified quantity does not account for changes in the worker's treatment or care needs. In the absence of such evidence, the current request for two unknown quantities of the "GLFCMK" compound is not medically necessary.