

Case Number:	CM15-0049930		
Date Assigned:	03/23/2015	Date of Injury:	09/07/2014
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, New York, California
 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:

The applicant is a represented 53-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of September 7, 2014. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve a request for Ultram and cyclobenzaprine containing topical compounded cream. The applicant's attorney subsequently appealed. The claims administrator referenced an RFA form received on February 4, 2015, in its determination. Per the claims administrators' medical evidence log, the sole clinical progress note provided was dated October 24, 2014. Thus, the later 2015 progress notes made available to the claims administrator were not seemingly attached. In an October 24, 2014 progress note, it was acknowledged that the applicant was not improving and was off work. The attending provider acknowledged that the applicant's employer was unable to accommodate a rather proscriptive 5-pound lifting limitation currently in place. The applicant's medications included tramadol, Lodine, and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG REF: 0 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultram, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. Here, however, the February 4, 2015 RFA form on which the article in question was endorsed was not incorporated into the independent medical review packet. The historical information on file, namely the October 24, 2014 progress note, suggested that the applicant was not materially benefitting with ongoing usage of tramadol through that point in time. The applicant was off work at that point in time. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing Ultram usage. Therefore, the request was not medically necessary.

CYCLO 10%/ULTRA 10% CREAM: Upheld

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

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

Decision rationale: Similarly, the topical compounded cyclobenzaprine-Ultram cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.