

Case Number:	CM15-0051584		
Date Assigned:	03/25/2015	Date of Injury:	01/07/2011
Decision Date:	05/06/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/18/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 51 year old male, who sustained an industrial injury on 1/7/2011. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses include lumbar disc disorder, lumbar radiculopathy, post-lumbar laminectomy syndrome, sacroiliitis, and lumbosacral spondylosis without myelopathy. He is status post L5-S1 fusion, carpal tunnel surgery, and repair of the right epicondyle. Treatments to date include medication therapy, physical therapy, radiofrequency ablation, medial branch blocks, and facet injections. Currently, he complains of ongoing back and leg pain, rated 7/10 VAS, and difficulty walking due to leg pain. On 2/28/15, the physical examination documented tenderness with decreased lumbar range of motion, positive straight leg raise test on the right and FABER was positive. The right knee was tender to palpation with mild effusion noted. The plan of care included continuation of medication therapy including a compound cream and Tramadol as ordered. On 2/27/2015, Utilization Review non-certified the requests for transdermal compound cream and Tramadol 50 mg, 3 times daily as needed (unspecified quantity), using the CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 56-57.

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

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. Based on the available records from the treating providers, the medical ingredients of the compounded transdermal cream are not specified. Therefore, based on the MTUS guidelines, the request for transdermal compound cream cannot be considered medically necessary at this time.

Tramadol 50 mg, 3 times daily as needed (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Opioids Page(s): 93-94, 76-78, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) records have included documentation of the pain with and without medication, no significant adverse effects, past consistent urine drug testing, and subjective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals, and the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Although tramadol may be a reasonable treatment option for this IW, the request does not specify the amount of tramadol to be dispensed. Therefore, the request for tramadol 50 mg, 3 times daily as needed (unspecified quantity), is not medically necessary.