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| Case Number: | CM15-0055157 | | |
| Date Assigned: | 03/30/2015 | Date of Injury: | 07/25/2011 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 03/23/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old male, who sustained an industrial injury on 7/25/2011. He reported sharp pain in his low back when lifting heavy boxes. Diagnoses have included lumbar and cervical intervertebral disc disorder with myelopathy and sciatica. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, cervical spine surgery, lumbar epidural steroid injection and medication. According to the progress report dated 3/12/2015, the injured worker complained of cervical pain, bilateral shoulder pain, bilateral elbow, wrist and arm pain, lumbar pain, bilateral sacroiliac pain and bilateral leg pain. He rated his current pain as 7/10. He reported numbness and tingling of the right and left hands approximately 40% of the time. The injured worker had very limited movement and required a cane for balance. There was decreased range of motion of the cervical and lumbar spines. Authorization was requested for Flurbiprofen 20% Tramadol 20% in 18-0gms; Omeprazole 20mg and Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Tramadol 20% in 18-0gms; Omeprazole 20mg, qty: 30, Tramadol 50mg, qty: 60. Refills: none: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8,

Effective July 18, 2009. Decision based on Non-MTUS Citation ACOEM chapter 7, Independent Medical Examinations and Consultations, page 127 Official Disability Guidelines - Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for flurbiprofen/tramadol, omeprazole, and tramadol 50 mg, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Regarding the oral medications (omeprazole and tramadol 50 mg), the topical medication is not indicated and there is, unfortunately, no provision for modification of the current request to allow for the use of either of these medications. Given all of the above, the requested flurbiprofen/tramadol, omeprazole, and tramadol 50 mg are not medically necessary.