

<b>Case Number:</b>	CM15-0057440		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	02/06/2002
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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(n) 65 year old female, who sustained an industrial injury on 2/6/02. She reported pain in her head, neck, back, upper and lower extremities due to falling down stairs. The injured worker was diagnosed as having cervical radiculopathy, lumbar spinal stenosis, status post right partial lateral epicondylectomy and contusion of the left femoral condyle. Treatment to date has included aquatic therapy, physical therapy, shoulder surgery and oral medications. As of the PR2 dated 11/20/14, the injured worker reports continued pain in her lower back that radiates to the bilateral lower extremities. The treating physician noted tenderness in the lower lumbar musculature and posterior cervical musculature. The treating physician requested to continue Ultram 50mg and P3 topical compound and a Toradol 60mg injection given at the appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of ultram 50mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram is not medically necessary.

**P3 topical compound 120gm with 2 refills:** Upheld

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

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

**Decision rationale:** Regarding the request for P3 topical compound, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. CA MTUS notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, none of the above-mentioned criteria have been documented. Given all of the above, the requested P3 topical compound is not medically necessary.

**60mg Toradol injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ketorolac (Toradol).

**Decision rationale:** Regarding the request for Toradol, CA MTUS does not address Toradol injection. ODG notes that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the information available for review, the patient has a chronic injury and there is no documentation of a significant exacerbation that would require the

use of medication at the opioid level at the time of the injection. Furthermore, the patient was already utilizing an opioid at the time of the injection. In light of the above issues, the currently requested Toradol is not medically necessary.