

<b>Case Number:</b>	CM15-0085148		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old female who sustained an industrial injury on 3/13/13. The mechanism of injury is unclear. Currently (2/24/15) she complains of persistent pain in the neck, back and shoulder blades, right shoulder worse than left. Her pain level is 7/10. In addition, she complains of left knee pain (6/10) due to antalgic gait pattern. Her medications are Tramadol, which is effective in reducing her pain from 7 to 4/10; Kera-Tek analgesic which reduced her pain from 7-5/10. Diagnoses include chronic cervical strain, rule out disc herniation; advanced degenerative changes of the cervical spine; chronic lumbosacral strain, rule out impingement; bilateral elbow lateral epicondylitis; bilateral chronic wrist strain with paresthesia, rule out carpal tunnel syndrome; gastropathy; depression; anxiety. Treatments to date include medication. She is currently not doing physical or chiropractic therapies. Diagnostics include MRI of the cervical spine (1/20/15) showing disc protrusion and bulging; MRI of the lumbar spine (1/20/15) showing posterolateral disc bulging. In the progress note, dated 2/24/15 the treating provider's plan of care includes requests for Tramadol; flurbiprofen/ lidocaine cream 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Flurbiprofen/Lidocaine Cream 20 Percent/5 Percent 180 Gram:** 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:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.