

Case Number:	CM15-0087814		
Date Assigned:	05/12/2015	Date of Injury:	04/11/2014
Decision Date:	06/12/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 65 year old female with date of injury April 11, 2014. The injury was sustained when the injured worker tripped over a carpet and fell on the right side of the body. The injured worker immediately felt pain on the right side of the body. The injured worker had surgery for a right femur closed reduction and placing an IM rod. The injured worker previously received the following treatments Acetaminophen/Tramadol hydrochloride and Dendracin ointment, Naprosyn and random toxicology laboratory studies negative for any unexpected findings. The injured worker was diagnosed with lumbar strain/sprain, low back pain, right leg pain status post fracture, chronic back pain and lumbar degenerative disc disease. According to progress note of April 15, 2015, the injured workers chief complaint was worsening pain in the right leg. The injured worker rated the pain 5-6 out of 10 with medication which proved temporary relief. The injured worker had complaints of lumbar pain with spasms, stiffness and radiation of pain into the right lower extremity. The injured worker was having difficulty with prolonged sitting, standing, lifting, pushing and bending. The physical exam of the lumbar spine noted spasms, tenderness with palpation, guarded motion due to pain and motion loss with extension. There was tenderness to palpation of the greater trochanter. There was palpable crepitus and clicking with motion loss and strength loss. The treatment plan included prescriptions for Acetaminophen/Tramadol hydrochloride and Dendracin ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen/Tramadol hydrochloride (HCL) 325/37.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 65 year old female has complained of low back pain and leg pain since date of injury 4/11/14. She has been treated with physical therapy and medications to include opioids since at least 01/2015. The current request is for Acetaminophen/Tramadol hydrochloride (HCL) 325/37.5mg, #60. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Acetaminophen/Tramadol hydrochloride (HCL) 325/37.5mg is not medically necessary.

Dendracin ointment 120ml, unknown quantity: Upheld

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

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

Decision rationale: This 65 year old female has complained of low back pain and leg pain since date of injury 4/11/14. She has been treated with physical therapy and medications. The current request is for Dendracin ointment. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Dendracin ointment is not medically necessary.