

Case Number:	CM14-0110725		
Date Assigned:	08/01/2014	Date of Injury:	11/04/2009
Decision Date:	09/30/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported an injury on 11/04/2009 due to a motor vehicle accident. On 06/17/2014 the injured worker presented with increased pain due to running out of his medications. Urine drug screen performed on 04/29/2014 tested positive for tramadol, cotinine and nicotine. Diagnoses were lumbar radiculopathy, right shoulder sprain/strain status post surgery, right shoulder pain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome and neuropathic pain. Prior therapy included medications. The provider recommended an NESP-R program consultation, tramadol and Fluriflex ointment, the provider's rationale for the NESP-R program was to allow the injured worker a solution for chronic pain and not just taking him off all of his medications. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NESP-R program consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: The request for NESP-R program consultation is not medically necessary. The California MTUS recommend detoxification indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. It may be necessary due to intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Provider's rationale for requesting detoxification with the use of any NESP-R program was not provided. Additionally, documentation that the injured worker had intolerable side effects, lack of response to medication, aberrant drug behaviors, lack of functional improvement or refractory comorbid psychiatric illness. As such, medical necessity has not been established.

Tramadol 50 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 50 mg #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Fluriflex ointment 240 gram #1: Upheld

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

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

Decision rationale: The request for Fluriflex ointment 240 gram #1 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist). There is little to

no research to support the use of many of these agents. The provider's request does not indicate the dose, frequency or the site that the medication is indicated for in the request as submitted. As such, medical necessity has not been established.