

Case Number:	CM14-0114781		
Date Assigned:	08/04/2014	Date of Injury:	10/02/2008
Decision Date:	10/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine 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:

This 57 year old patient had a date of injury on 10/2/2008. The mechanism of injury was not noted. In a progress noted dated 6/17/2014, subjective findings included lower back pain and RLE pain to knee. She says she does not want to continue suffering. On a physical exam dated 6/17/2014, objective findings included patient tearing. Patient is currently on heat therapy, HEP, Norco, and has a cane. Diagnostic impression shows lumbar sprain and strain Treatment to date: medication therapy, behavioral modification, depression A UR decision dated 7/14/2014 denied the request for Tramadol 50mg #90 and Venlafaxine 75mg #60, stating guidelines do not recommend the concomitant use of tramadol and venlafaxine. Lidopro #240 was denied, stating that a product that has at least 1 drug or class that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Tramadol (Ultram) :Wean.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In a progress report dated 6/17/2014, the patient was noted to also be on Norco 10/325, and there was no rationale provided regarding the necessity of both tramadol and Norco. Furthermore, there was no documented objective functional benefit with use of tramadol. Lastly, there was no evidence of a pain contract or urine drug screens. Therefore, the request for Tramadol 50mg #90 is not medically necessary.

Venlafaxine (Effexor) 75mg, #60.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. In a progress report dated 6/10/2014, the patient is noted to have anxiety and depression, and neuropathic pain. Therefore, the request for Venlafaxine 75mg #60 is medically necessary.

Lidopro 8oz, #1.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Medications: Li.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA:Lidopro

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The FDA state Lidopro is a combination of Capsaicin .0325%, lidocaine 4.5%, menthol 10%, methyl Salicylate 27.5%. In the progress report dated 6/17/2014, there was no discussion of failure of a 1st line oral analgesic to justify the use of this topical. Furthermore, Capsaicin is not recommended in formulations greater than .025%. Therefore, the request for Lidopro #240 is not medically necessary.