

Case Number:	CM14-0122980		
Date Assigned:	08/08/2014	Date of Injury:	02/03/2004
Decision Date:	11/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 Texas. 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:

Medical records reflect the claimant is a 66 year old male who sustained a work injury on 2-3-04. The claimant is being treated with medications. Office visit on 7-11-14 notes the claimant has chronic low back pain and knee pain. The claimant reports medications help 40-50%. TENS also help. He denies changes in symptoms. On exam, the claimant had an antalgic gait, decreased lumbar and bilateral knee range of motion. He uses a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol/APAP 37.5/325 mg #60 (DOS 7/11/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that he requires opioids at this juncture, as there has been no functional

improvement documented in the records with this medication. The claimant continues with high levels of pain, unchanged rated 6/10. Therefore, the medical necessity of this request is not established.

Retrospective request for LidoPro topical ointment 121 gm (DOS 7/11/14): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Topical analgesics

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant failed first line of treatment or that he cannot tolerate the oral medications that are being prescribed. Therefore, the medical necessity of this request is not established.