

Case Number:	CM14-0128148		
Date Assigned:	08/15/2014	Date of Injury:	11/29/2011
Decision Date:	10/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine, and is licensed to practice in New York. 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 patient is a 70 year old male service technician with a date of injury of 11/29/2011. He was holding a 25 pound machine part and noted low back pain. He has degenerative lumbar disease (L4-L5 disc herniation with spondylolisthesis and moderate bilateral neural foraminal narrowing. He was treated with physical therapy, injections, medication, acupuncture and massage. On 07/20/2012 he was P&S. On 01/03/2014 he had lumbar pain 7/10 to 8/10 radiating to his left leg. He was taking Tramadol. On 02/12/2014 he was taking Tramadol PRN for pain. On 04/25/2014 he had lumbar pain radiating to the left leg (similar to the previous office visit) and was taking Tramadol PRN to improve the pain from 7/10 to 4/10. He has decreased lumbar range of motion. On 07/16/2014 the glucose was 177. He had diabetes, GERD, hypertension and hyperlipidemia. On 05/02/2014 he was taking Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg 1 tab every 6-8 hours as needed for pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 - 113..

Decision rationale: MTUS chronic pain, Tramadol on page 113 notes that this medication is a central opioid and it is not recommended as a first line oral analgesic. It also inhibits the uptake of norepinephrine and serotonin. For ongoing opioid treatment there should be the following documented: On-Going Management. Actions Should Include:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000). (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. In summary, opioids should be used in the lowest dose for the least amount of time because of the risks of addiction. This patient has been taking Tramadol for months and there is no documented improvement in functionality. He

Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180gm: 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): 111-113..

Decision rationale: MTUS, chronic pain, topical analgesics page 111 notes that is one of the components in the topical analgesic is not recommended, then the entire compound topical analgesic is not recommended. There is no documentation that menthol topical is safe and effective treatment. Also for topical NSAIDS, "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Also, there is

no documentation of efficacy for cyclobenzaprine muscle relaxant as a topical analgesic agent. Thus, the requested compound topical analgesic is not recommended.