MAXIMUS Federal Services

Case Number:	CM14-0140082		
Date Assigned:	09/08/2014	Date of Injury:	11/23/2008
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/29/2014

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 54-year-old female who sustained an injury on 11/23/08. She reported moderate pain in her low back, neck, right knee, right foot, and severe pain in the left knee. She had gained weight and she was very depressed. SLR was positive bilaterally. Electrocardiogram dated 12/17/13 was within the normal limits. Chest x-ray on 01/14/14 revealed normal heart size, degenerative changes in the thoracic spine, otherwise no active disease. Surgeries included status post total abdominal hysterectomy, left knee surgery, right leg vein surgery, C-section, bladder suspension surgery, and lumbar epidural steroid injection under anesthesia. She also had obstructive sleep apnea on 12/07/12. Treatment included pain medications, surgery, multiple massages, aquatic therapy, chiropractic care, physical therapy, psychiatric treatment, psychotherapy, psychotropic medications, acupuncture, injections, x-rays, MRI and brace. Current medications included Omeprazole, tramadol HCL ER, fluoxetine, Sentra PM, Floranex, docusate sodium, Gaviscon, Gabitidine, topical creams- Ketoprofen/Gabapentin/Tramadol and Phentermine HCL. She reached P&S as of 04/26/14 and there was mild level of permanent psychiatric disability. Diagnoses include left knee medial meniscus tear, status post medial meniscectomy, morbid obesity, cervical sprain/strain, right knee sprain/strain, right foot sprain/strain, and depression, GERD, and insomnia. The request for urine toxicology, tramadol 150 mg #30, topical creams-Ketoprofen/Gabapentin/Tramadol and follow up as needed with [redacted] was denied on 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug test Page(s): 43.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case however, there is no documentation of non-compliance with medications and no addiction or aberrant behavior. There is no record of previous urine drug screen. Thus, the request for another urine drug screen period is not medically necessary and is non-certified.

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 113, 74.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "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 non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, the clinical information is limited and there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of alternative means of pain management such as home exercise program or modalities such as hot/cold. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of Tramadol has not been established.

Topical creams-Ketoprofen/Gabapentin/Tramadol: 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: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, Gabapentin is not recommended for topical application. There is no peer-reviewed literature to support use. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Tramadol is not recommended for topical application. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.

Follow up as needed with [redacted]:

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examination

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, there is no mention of the specific reason for such referral. Thus, the request is not medically necessary.