

Case Number:	CM14-0140400		
Date Assigned:	09/10/2014	Date of Injury:	09/11/2010
Decision Date:	10/28/2014	UR Denial Date:	08/19/2014
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 & Rehabilitation & Pain 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:

The injured worker is a 32-year-old male who reported an injury on 09/11/2010. The mechanism of injury was not specified. His diagnoses included chronic low back and right lower extremity pain, and depression and anxiety due to his chronic pain. His treatments included chiropractic therapy, physical therapy, an epidural injection, medication, and massage therapy. His diagnostic study consisted of an MRI of the lumbar spine. His surgeries were not specified. On 07/29/2014, the injured worker reported his back pain at a level of 7/10. It was reported that his medications allow his pain level to come down to 5/10 and he is able to do his home exercises and take care of his children. The injured worker reported that he has increasing back pain toward the end of the day and he uses ice packs for the pain. He reportedly used a TENS unit about 2 to 3 times a day to relax the muscles and reduce some of the spasms in his back. The physical examination revealed tenderness near the lumbosacral junction and some spasms in the paraspinals. It was noted there was pain with lumbar flexion. His medications included Ultracet 37.5/325 mg, Relafen 750 mg, Omeprazole 20 mg, and Lexapro 10 mg. The treatment plan was for retrospective for date of service 07/29/2014 Ultracet 37.5/325 mg 120 count plus 3 to 6 months of a monthly refill, and retrospective for date of service 07/29/2014 Biofreeze gel #1 tube. The rationale for the Ultracet was that it helped reduce his pain and he was able to decrease the amount taken. The Request for Authorization form was submitted on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 07/29/2014 Ultracet 37.5/325mg #120 plus 3-6 months monthly refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,Opioids specific drug list Page(s): 78,93,94.

Decision rationale: Based on the clinical information submitted for review, the request for retrospective for date of service 07/29/2014 Ultracet 37.5/325 mg 120 count plus 3 to 6 months monthly refill is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit, which includes: current pain at the time of visit; 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. Also, the guidelines indicate that tramadol (Ultracet) may produce life threatening serotonin syndrome, in particular, when used alongside with an SSRI antidepressant or other drugs that may impair serotonin metabolism. The injured worker reported lower back pain that was a 7/10 at the time of the visit. He reported that the medications helped him bring it down to a 5/10 and allowed him to do home exercises and house work. Although it was documented what his pain level was at the time and his pain level with medications, there was a lack of detail showing that the physician had performed a detailed pain assessment. Ongoing use of opioids requires continuous documentation of appropriate medication use, which it was not specified when his last urine drug screen was and there were no results provided. The guidelines indicate that tramadol may increase the risk of seizure activity, especially when a patient is taking an SSRI antidepressant, which it was noted that he was taking Lexapro. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for retrospective for date of service 07/29/2014 Ultracet 37.5/325 mg #120 count plus 3 to 6 months monthly refill is not medically necessary.

Retrospective for date of service 07/29/2014 Biofreeze gel #1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

Decision rationale: Based on the clinical information submitted for review, the request for retrospective for date of service 70/29/2014 Biofreeze gel #1 tube is not medically necessary. According to the California MTUS Guidelines, topical analgesics are mainly recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is noted that there is little to no research to support the use of many of these agents. The injured worker

reported lower back pain with intermittent radiation down his right leg. It was noted that he was taking Ultracet and Relafen for pain and using a TENS unit 2 to 3 times per day to reduce back spasms. On 07/29/2014, the physician noted that he let the injured worker try some menthol gel, Max Freeze brand, for use on acute sprains over his chronic condition. The guidelines indicate that topical analgesics are primarily recommended for neuropathic pain, however, there was a lack of details showing that the injured worker suffered from neuropathic pain or that he had trialed and failed antidepressants and anticonvulsants. Furthermore, the request failed to provide the frequency of the medication and directions for application as prescribed. As such, the request for retrospective for date of service 07/29/2014 Biofreeze gel #1 tube is not medically necessary.