

Case Number:	CM14-0145329		
Date Assigned:	09/12/2014	Date of Injury:	12/31/2006
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old male who has submitted a claim for sprain of thoracic region, rupture of muscle and backache associated with an industrial injury date of December 31, 2006. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of backache rated 10/10. Examination revealed tenderness of the thoracic paraspinal region. Treatment to date has included surgery, injections, medications and analgesic creams. A urine drug screen conducted July 26, 2013 is negative despite continued use of Vicodin and Soma. Urine drug screen conducted April 28, 2014 was inconsistent. Utilization review from August 25, 2014 denied the request for Baclofen 10mg #60 date of service 7/7/14, Tramadol ER 150mg #30 date of service 7/7/14 and Tramadol powder 6 gm date of service 7/7/14. The request for baclofen was denied because there was no evidence of neuropathic pain or spasms. The request for Tramadol ER was denied because the records did not establish any measurable functional improvement or a return to work specifically as a result of the use of opioid medications. The request for Tramadol powder was denied because the guidelines do not recommend its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60 dispensed on 7/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity Section, Baclofen Page(s): 64.

Decision rationale: As stated on page 64 of CA MTUS Chronic Pain Medical Treatment Guidelines, Baclofen, an anti-spasticity drug was recommended for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. In this case, there was no documentation that patient has spasticity or muscle spasm. The backache was linked to muscle rupture and not multiple sclerosis or spinal cord injury. Guidelines have not been met. Therefore, the request for Baclofen 10mg #60 dispensed on 7/7/14 is not medically necessary and appropriate.

Tramadol ER 150mg #30 dispensed on 7/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: According to pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was prescribed opioids since at least July 2013. However, there was no documentation of functional improvement, analgesia, or urine toxicology review showing consistency to support the continuation of treatment. In fact, recent urine screens showed inconsistent results. The medical necessity cannot be established due to insufficient information. The request for tramadol 150mg #60 with one refill is likewise not in conjunction with guidelines requirement of ongoing opioid treatment monitoring documentation prior to continuation of opiates use. Therefore, the request for Tramadol ER 150mg #30 dispensed on 7/7/14 is not medically necessary and appropriate.

Tramadol powder 6 gm dispensed on 7/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Opioids Page(s): 111-113, 79-81.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The topical formulation of tramadol does not show consistent efficacy. According to pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not

recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was prescribed opioids since at least July 2013. However, there was no documentation of functional improvement, analgesia, or urine toxicology review showing consistency to support the continuation of treatment. In fact, recent urine screens showed inconsistent results. The medical necessity cannot be established due to insufficient information. There is likewise no discussion why powder formulation is being prescribed. Therefore, the request for Tramadol powder 6 gm date of service 7/7/14 is not medically necessary.