

Case Number:	CM14-0020276		
Date Assigned:	04/25/2014	Date of Injury:	07/29/2010
Decision Date:	09/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 57-year-old female with a 7/29/10 date of injury. There is documentation of subjective findings of headaches, moderate bilateral shoulder pain, bilateral foot pain with numbness, neck pain, pain in both arms and elbows with numbness, bilateral wrist pain with numbness, and bilateral buttocks pain radiating down both legs with numbness. Objective findings include tenderness to palpation over C2-C7, T10-T12 and L1-L5; and decreased cervical, lumbar, bilateral shoulder, and left hip range of motion. Current diagnoses are cervical spine disc disease, cervical sprain/strain, thoracic sprain/strain, low back pain, herniation of lumbar disc, lumbar radiculitis, wrist sprain/strain, knee sprain/strain, and bilateral rotator cuff tears. Treatment to date includes Flexeril since at least 9/11/13 and ongoing therapy with Tramadol, NSAIDs, and topical transdermal creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80;113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical documentation available for review, there is documentation of diagnoses of cervical spine disc disease, cervical sprain/strain, thoracic sprain/strain, low back pain, herniation of lumbar disc, lumbar radiculitis, wrist sprain/strain, knee sprain/strain, and bilateral rotator cuff tears. In addition, there is documentation of moderate chronic pain and Tramadol used as a second-line treatment (in combination with first-line drugs (NSAIDs)). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Tramadol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 150 mg #30 is not medically necessary.

FLEXERIL 7.5MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc disease, cervical sprain/strain, thoracic sprain/strain, low back pain, herniation of lumbar disc, lumbar radiculitis, wrist sprain/strain, knee sprain/strain, and bilateral rotator cuff tears. In addition, there is documentation of chronic

pain. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Flexeril since at least 9/11/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flexeril. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5 mg #90 is not medically necessary.

TOPICAL TRANSDERMAL CREAMS: GABAPENTIN #3, CYCLOBENZAPRINE #3, TRAMADOL #6: 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 Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc disease, cervical sprain/strain, thoracic sprain/strain, low back pain, herniation of lumbar disc, lumbar radiculitis, wrist sprain/strain, knee sprain/strain, and bilateral rotator cuff tears. However, the requested topical transdermal cream contains at least one drug (Gabapentin) and one drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Topical Transdermal Creams: Gabapentin #3, Cyclobenzaprine #3, Tramadol #6 is not medically necessary.