

Case Number:	CM14-0056403		
Date Assigned:	07/09/2014	Date of Injury:	03/18/2013
Decision Date:	05/27/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old male, who sustained an industrial injury on March 18, 2013. He reported falling off a roof with pain in the neck, back, and right shoulder, rib, and hip. The injured worker was diagnosed as having multilevel cervical disc bulging, cervical sprain/strain, right shoulder infraspinatus tendinosis with cuff tear, T12 fracture, L5-S1 discopathy, and adhesive capsulitis right shoulder with presumed impingement. Treatment to date has included physical therapy, subacromial injection, MRI, x-rays, bracing, acupuncture, chiropractic treatments, and medication. Currently, the injured worker complains of neck pain, right shoulder pain, middle back pain, and lower back pain. The Primary Treating Physician's report dated April 7, 2014, noted diffuse tenderness throughout the upper back and lower back at the thoracolumbar junction and lumbosacral junction. The right shoulder was noted to have marked limitations with both abduction and forward flexion, with positive Neer's and Hawkin's tests. The treatment plan was noted to include a request for evaluation by a shoulder specialist for probable surgical intervention, with requests for authorization for Ultram and a compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 12, 13 83 and 113 of 127.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.

Compound Cream of Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10%, Gabapentin 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.