

Case Number:	CM15-0115216		
Date Assigned:	06/23/2015	Date of Injury:	07/15/2010
Decision Date:	07/23/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: California
 Certification(s)/Specialty: Emergency 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 34-year-old female who sustained an industrial injury on 7/15/2010 resulting in complaints of low back and right lower extremity pain. The injured worker is diagnosed with status post left L5-S1 lumbar decompression. Treatment has included lumbar decompression, medication, physical therapy, heat, and home exercise. Injured worker reports medications reduce pain and spasm, enabling her to perform exercise and activities of daily living. The injured worker continues to experience pain, tenderness and limited range of motion. Treating physician's plan of care includes Naproxen, Tramadol, Ketoprofen, Gabapentin, Bupivacaine, Baclofen, Cyclobenzaprine, and Clonidine. Injured worker is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen 550mg #90, dispensed on 04/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Retrospective request for Naproxen 550mg #90, dispensed on 04/24/15 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted". The injured worker has low back and right lower extremity pain. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Retrospective request for Naproxen 550mg #90, dispensed on 04/24/15 is not medically necessary.

Retrospective request for Tramadol 150mg, #60, dispensed on 04/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Retrospective request for Tramadol 150mg, #60, dispensed on 04/24/15 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back and right lower extremity pain. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, or measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Retrospective request for Tramadol 150mg, #60, dispensed on 04/24/15 is not medically necessary.

**Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate 0.2% in 300 grams, with 3 refills:
Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 111-113.

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

Decision rationale: The requested Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate 0.2% in 300 grams, with 3 refills is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back and right lower extremity pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate 0.2% in 300 grams, with 3 refills is not medically necessary.