

Case Number:	CM15-0122889		
Date Assigned:	07/07/2015	Date of Injury:	01/01/2010
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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 61 year old female, who sustained an industrial injury on 1/1/2010. The mechanism of injury was cumulative trauma. The injured worker was diagnosed as having lumbar sprain/strain, bilateral radiculopathy with multilevel disc bulges and annular tear and bilateral sciatica. There is no record of a recent diagnostic study. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), therapy and medication management. In a progress note dated 5/22/2015, the injured worker complains of lumbar pain rated 7/10 with bilateral lower extremities radiculitis. Physical examination showed an antalgic gait. The treating physician is requesting Tramadol 50 mg #60 with 1 refill, Prilosec 20 mg #30 with 1 refill and a compound medication: Flurbiprofen Menthol Capsaicin cream, with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list: Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Weaning of Medications Page(s): 93-97, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Patient has continued severe deficiency. A refill is also not appropriate and does not meet guidelines. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.

Prilosec 20mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Prilosec/Omeprazole is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient is not on any NSAIDs. Provider claims that patient's gastritis is due to "medications" but none of the medications patient is currently taking is associated with gastritis. While patient may have gastritis, it is unclear how it is related to claimed injury. Prilosec prescription is not supported by documentation and is not medically necessary.

Compound medication: Flurbiprofen Menthol Capsaicin cream, with 1 refill: Upheld

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

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended". 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Menthol has no data concerning this item. It is believed to have some topical soothing effect. 3) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. It is not recommended due to no documentation of prior treatment failure or a successful 1 month trial. Not a single component of this

compounded product is medically necessary. Therefore the request is not medically necessary.