

Case Number:	CM15-0179033		
Date Assigned:	09/21/2015	Date of Injury:	05/21/2011
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 52 year old female, who sustained an industrial injury on May 21, 2011. The injured worker is diagnosed as having lumbar degenerative disc disease, Grade I anterolisthesis with bilateral L5 spondylosis, moderate to severe degenerative changes at L5-S1 and lumbar radiculopathy. Currently, the injured worker complains of constant, burning and stabbing low back pain that is rated at 8-9 on 10. The pain radiates down her lower extremities bilaterally (left greater than right), is rated at 6 on 10, and is accompanied by numbness, tingling and weakness. The leg numbness is more prevalent in the morning upon rising. She reports occasional difficulty standing and increased pain with bending, twisting, stooping or any increased movements. She is able to sit, stand and walk for 5 minutes. She also reports sleep disturbance due to the pain. May 27, 2015 - July 22, 2015 revealed limited lumbar spine range of motion in all planes. There is tenderness to palpation of the lumbar spine with spasms into the bilateral paraspinal region. Sensation is diminished of the left L5 and S1 dermatomes. "The left tibialis anterior, EHL, inversion, eversion and plantar flexion are 4+ on 5" and she has a positive slump test. Treatment to date has included a lumbar spine MRI on July 14, 2015, which revealed degenerative disc disease and facet arthropathy with retrolisthesis L4-L5 and grade I anterolisthesis L5-S1 with levoscoliosis and bilateral L5 spondylosis and neural foraminal narrowing (L2-L3 caudal left and L5-S1 severe bilateral neural foraminal narrowing with contact of bilateral L5 nerve roots and narrowing of the right lateral recess with contact of the right S1 nerve root. Chiropractic care offered minimal relief and acupuncture (26 sessions) with good relief, per note dated July 22, 2015. She uses a cane for ambulation and corset for back support.

The therapeutic response to physical therapy (10 sessions) was not included in the documentation. Her medication regimen has included; Tramadol 150 mg one tablet daily, Elavil, Prilosec, Gabapentin, Ibuprofen 600 mg two per day helps ease her pain, Advil and Tylenol offer moderate relief, Tramadol-APAP 37.5-325 mg 2-3 per day, Ibuprofen cream two times per day as needed, Senocot two per day and Capsaicin cream as needed. She reports her pain is reduced by 10% with her medications, per note dated July 22, 2015. The following requests; Cyclobenzaprine 7.5 mg #60 is denied as the chronicity of the claimed medical problem is outside the window of initially using this medication, Compound Ketoprofen cream 20% is denied as the medication is not FDA approved for topical use, Colace #60 with two refills is denied as the injured worker is not on a "Schedule II" opioid and documentation of constipation is not specific and Tramadol 50 mg #60 with two refills is denied due to injured worker has experienced therapeutic failure on higher dosage of Tramadol, per Utilization Review letter dated August 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Cyclobenzaprine 7.5mg #60 is not medically necessary.

Compound Ketoprofen 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Compound Ketoprofen 20% cream is not medically necessary.

Colace #60, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids which makes a laxative not medically necessary. Colace #60, 2 refills is not medically necessary.

Tramadol 50mg #60, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol 50mg #60, 2 refills is not medically necessary.