

Case Number:	CM15-0091567		
Date Assigned:	05/15/2015	Date of Injury:	11/08/2009
Decision Date:	06/23/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/12/2015

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, Massachusetts
 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 53 year old female, who sustained an industrial injury on 11/08/2009. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having herniated nucleus pulposus cervical spine with stenosis and cord distortion, herniated nucleus pulposus lumbar spine with stenosis, status post anterior lumbar interbody fusion at L5-S1 in 2011, herniated nucleus pulposus thoracic spine with stenosis, lumbar facet arthropathy bilateral L4-5, and status post diagnostic lumbar medial branch block with 100% analgesia. Treatment and diagnostics to date has included bilateral radiofrequency ablation at L4- 5, lumbar spine surgery, medial branch block, cervical spine MRI, thoracic spine MRI, lumbar spine MRI, acupuncture with moderate pain relief, injections did not help, and medications. In a progress note dated 02/10/2015, the injured worker presented with complaints of ongoing neck pain, mid and low back pain, and occasional abdominal pain. Objective findings include tenderness to palpation to the thoracic and lumbar spine with decreased range of motion to the lumbar spine. The injured worker states that cream helps with the pain. The treating physician reported requesting authorization for Tramadol and compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol APAP 37.5/325mg #60 DOS 03-03-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently, continued use of short acting opioids is not supported by the medical records and guidelines and is not medically necessary.

Compound topical CM4-CAPS 0.05%+Cyclo 4% DOS 03-03-15: 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 Analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine is not recommended as a compounded agent as it can be safely taken orally. Consequently, continued use of the above listed compounded agent is not supported at this time and is not medically necessary.