

Case Number:	CM15-0093051		
Date Assigned:	05/19/2015	Date of Injury:	04/20/2011
Decision Date:	09/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/14/2015

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: New York, West Virginia, Pennsylvania
 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 48-year-old female, who sustained an industrial injury on 4/20/2011. She reported low back pain. The injured worker was diagnosed as having lumbago, lumbar disc displacement, aseptic necrosis head/neck of femur, and osteoarthritis. Treatment to date has included medications, and urine toxicology. The request is for Tramadol, Celebrex, Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%/Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Capsaicin 0.25%, outpatient urine toxicology, and lumbosacral orthotics brace. On 12/3/2014, she complained of low back pain rated 6/10 with associated numbness and tingling, left shoulder pain rated 7/10, left wrist pain rated 7/10, right knee pain rated 7/10, and constant left knee pain. The treatment plan included the requested medications and a knee brace. On 4/9/2015, she complained of low back pain rated 8/10 with radiation to the left leg. She indicated she gains relief from medications and rest. She is noted to have painful range of motion of the lumbar spine. The treatment plan included: the requested medications, and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Tramadol (Ultram) 100mg number forty five (#45): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13, 83 and 113 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. Tramadol is an opiate analogue medication, which is not recommended as a first line therapy. In this case, there is no documentation that first line therapies failed. The request for tramadol 100 mg #45 is not medically appropriate and necessary.

Pharmacy purchase of Celebrex (Celecoxib) 200mg number ninety (#90): 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), Pain section - NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Guidelines recommend special NSAIDs like Celebrex where there is a gastrointestinal or cardiac issues including high risk of GI events. In this case, there is no documentation of significant gastrointestinal issues. The request for Celebrex 200 mg #90 is not medically necessary and appropriate.

Pharmacy purchase of Gabapentin 5%/Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Capsaicin 0.25%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111 of 127.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical gabapentin/flurbiprofen/baclofen/dexamethasone/capsaicin is not medically appropriate and necessary.

Outpatient urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening.

Decision rationale: Guidelines state that urine drug screens may be used to avoid misuse of opioids especially for patients at high risk of abuse and are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. In this case, the records did not indicate suspicion of drug abuse, inappropriate compliance, poor compliance, or drug diversion. The request for a urine drug test is not medically necessary and appropriate.

Lumbosacral orthotics - brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: Guidelines do not recommend lumbar supports after the initial acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. Documentation does not provide evidence of lumbar spinal instability or spondylolisthesis. The request for lumbar support is not medically appropriate and necessary.