

Case Number:	CM15-0093121		
Date Assigned:	05/19/2015	Date of Injury:	04/04/2013
Decision Date:	06/18/2015	UR Denial Date:	05/07/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 4/4/03. She reported initial complaints of left arm, left leg and low back injury. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy; lumbago. Treatment to date has included lumbar epidural steroid injection left L4-5 (10/15/13); urine drug screening; medications. Diagnostics included MRI lumbar spine (6/3/13). Currently, the PR-2 notes dated 4/7/15 indicated the injured worker complains of pain in the low back and it is associated with little tingling in the left big toe, as well as second and third toe. The pain is occasionally in frequency and mild to moderate in intensity. The pain scale is rated 7/10 with 3/10 at best and 8/10 at worst. Her average pain in the last seven days is rate 5/10 per documentation. She describes the pain as sharp and burning, have unchanged since her injury and aggravated by bending forward, bending backwards, coughing or straining, lying down and prolonged standing, sitting or walking. Her back pain is 100% of her pain. It is relieved by medication, rest and application of ice walking and doing exercises. Physical examination includes lumbar examination revealing range of motion to forward flexion - 45 degrees; extension - 10 degrees; rotation is limited; straight leg raise test supine position to 54 degrees on right 40 degrees on left and no positive response sitting position. She has diminished sensation in the left L5 and S1 dermatomes of the lower extremities. A MRI of the lumbar spine dated 6/3/13 impression shows multilevel disc space narrowing degeneration L3-4 through L5-S1. The injured worker has had a lumbar epidural steroid injection left L4-5 (10/15/13) with greater than 50% improvement. The provider has requested: Mentheroderm 15% analgesic gel, 2 bottles (retro DOS

4/7/15), Tramadol (Ultram) 50 mg #60 (retro DOS 4/7/15) and Trazodone 50 mg # 60 (retro DOS 4/7/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 15% analgesic gel, Qty 2 bottles (retro DOS 4/7/15): 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 Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Mentoderm 15% analgesic gel, Qty 2 bottles (retro DOS 4/7/15) is not medically necessary and appropriate.

Tramadol (Ultram) 50 mg Qty 60 (retro DOS 4/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for chronic pain) Page(s): 80-81, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent

severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol (Ultram) 50 mg Qty 60 (retro DOS 4/7/15) is not medically necessary and appropriate.

Trazodone 50 mg Qty 60 (retro DOS 4/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Insomnia treatment; Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16, Anti-depressants for Treatment of Chronic Persistent Pain; Insomnia Treatment, pages 535-536.

Decision rationale: Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic injury. The Trazodone 50 mg Qty 60 (retro DOS 4/7/15) is not medically necessary and appropriate.