

<b>Case Number:</b>	CM15-0093807		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 63 year old male, who sustained an industrial injury on 02/28/2012. He has reported subsequent low back pain and was diagnosed with lumbar disc syndrome and lumbar sprain/strain. Treatment to date has included oral pain medication. In a progress note dated 03/31/2015, the injured worker complained of low back pain radiating to the right lower extremity with intermittent numbness/tingling of the right lateral thigh and leg. Objective findings were notable for decreased range of motion of the lumbar spine, pain with range of motion, tenderness to palpation and spasm of the lumbar paraspinals and positive straight leg raise at 60 degrees on the right. A request for authorization of Tramadol, compound cream and an MRI of the lumbar spine was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60, as prescribed on 03/31/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Tramadol (Ultram) Page(s): 78-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol Page(s): 78-82, 113.

**Decision rationale:** The requested Tramadol 50mg #60, as prescribed on 03/31/15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain radiating to the right lower extremity with intermittent numbness/tingling of the right lateral thigh and leg. Objective findings were notable for decreased range of motion of the lumbar spine, pain with range of motion, tenderness to palpation and spasm of the lumbar paraspinals and positive straight leg raise at 60 degrees on the right. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria not having been met, the request for Tramadol 50mg #60, as prescribed on 03/31/15 is not medically necessary.

**Compound Cream, as prescribed on 03/31/15:** Upheld

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

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

**Decision rationale:** The requested Compound Cream, as prescribed on 03/31/15, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain radiating to the right lower extremity with intermittent numbness/tingling of the right lateral thigh and leg. Objective findings were notable for decreased range of motion of the lumbar spine, pain with range of motion, tenderness to palpation and spasm of the lumbar paraspinals and positive straight leg raise at 60 degrees on the right. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria not having been met, the request for Compound Cream, as prescribed on 03/31/15 is not medically necessary.

**MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain radiating to the right lower extremity with intermittent numbness/tingling of the right lateral thigh and leg. Objective findings were notable for decreased range of motion of the lumbar spine, pain with range of motion, tenderness to palpation and spasm of the lumbar paraspinals and positive straight leg raise at 60 degrees on the right. The treating physician has not documented deficits in dermatomal sensation, reflexes or muscle strength. The criteria not having been met, the request for MRI of the lumbar spine is not medically necessary.