

Case Number:	CM15-0096477		
Date Assigned:	07/15/2015	Date of Injury:	07/12/2002
Decision Date:	09/08/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/19/2015

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
 Certification(s)/Specialty: Pediatrics, Internal 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 55 year old male, who sustained an industrial injury on 07/12/2002. He has reported subsequent low back pain and was diagnosed with lumbar spine sprain/strain and bilateral lower extremity radiculopathy. Treatment to date has included medication and a home exercise program. The only medical documentation consists of a PR2 note dated 04/06/2015. At this time, the injured worker complained of a flare up of low back pain. Objective findings were notable for guarding and spasm of the paravertebral muscles of the lumbar spine, low back pain with straight leg raise and decreased range of motion of the lumbar spine. Pain was noted to be 5/10 with medication and 8/10 without medication with the duration of pain relief noted to be 6-8 hours. The injured worker was noted to be permanent and stationary and was off work. A request for authorization of Ultram 50 mg #120, Ultracin lotion 120 ml and one x-ray of the lumbar spine was submitted. The physician noted that the x-ray of the lumbar spine was ordered to assess for worsening but this was not clarified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The medication requested for this patient is Ultram. According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. This medication is not recommended as a first-line oral analgesic. Before initiating opioid therapy there must be baseline pain and functional assessments using a validated instrument or numerical rating scale, a psychosocial assessment should be performed, there must be a failure of non-opioid analgesics and goals should be set. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation submitted did not show that the injured worker had failed treatment with other first line therapeutic agents. There was no description of goals or documentation of any psychosocial assessment. In addition, the only documentation submitted is a single progress note and it's unclear as to whether Ultram had been previously prescribed or whether this was a new medication. There was no documentation of the average pain, least reported pain, side effects or monitoring for potential drug misuse or dependence. There was no documented change in work status or improvement in ability to perform daily activities. Therefore, the request for authorization of Tramadol ER 150 mg #30 is not medically necessary.

Ultracin lotion 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, Ultracin lotion contains methyl salicylate, menthol and capsaicin. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There is a lack of documentation that the injured worker is intolerant of other treatments. Medical necessity for the requested topical agent is not established. The requested Ultracin lotion is not medically necessary.

One (1) x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Radiography (x-rays).

Decision rationale: As per ACOEM and ODG guidelines, x-rays of the lumbar spine are not recommended in patients with low back pain without evidence of red flags but may be appropriate when it would aid in patient management. As per ODG, "Routine imaging for low back pain is not beneficial and may even be harmful, according to new guidelines from the American College of Physicians. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions." The documentation submitted is minimal and there is no evidence of red flag conditions which would warrant the need for x-rays of the lumbar spine at this time. The physician's only statement regarding the need for the x-rays was to assess for worsening and there was no further information given regarding the physician's specific concerns. The documentation submitted is insufficient to establish the medical necessity of the requested service. Therefore, the request for x-ray of the lumbar spine is not medically necessary.