

Case Number:	CM14-0147163		
Date Assigned:	09/15/2014	Date of Injury:	07/17/1989
Decision Date:	10/22/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 72 year-old male who was reportedly injured on 7/17/1989. The previous utilization review references a progress note dated 6/25/2014, but that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented ongoing complaints of low back pain and stiffness with radiation to the lower extremities. Physical examination demonstrated tenderness about the lower lumbar vertebral musculature; strength in lower extremities is globally intact; sitting straight leg raise test is mildly positive bilaterally. No recent electro-diagnostic or diagnostic imaging studies available for review. Previous treatment includes Ultram, Zantac, Lyrica and topical analgesics. A request had been made for Ultram 50 mg #12 with 2 refills, Zantac 150 mg #60 with 2 refills, Lyrica 75 mg #60 with 2 refills, and Topical Compounded LF620 (Lidocaine 6%, Flurbiprofen 20%) 120 grams with 2 refills, which were not certified in the utilization review on 8/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #12 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

Decision rationale: California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given the date of injury (1989), clinical presentation and lack of documentation of functional improvement with Ultram, the request is not considered medically necessary.

ZANTAC 150MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA website: Zantac 150 (ranitidine hydrochloride) prescribing information.

Decision rationale: Zantac (ranitidine hydrochloride) is a histamine H₂-receptor antagonist FDA approved for the short-term treatment of duodenal and gastric ulcers, pathological hypersecretory conditions, corrosive esophagitis and GERD. Review of the available medical records fails to document any signs or symptoms of gastrointestinal distress which would require treatment with Zantac. In addition, this medication is available over-the-counter without a prescription. As such, this request is not considered medically necessary.

LYRICA 75MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 19, 99 OF 127.

Decision rationale: The California MTUS guidelines support Lyrica for the treatment of pain associated with neuropathy, post-herpetic neuralgia and fibromyalgia. The medication is designated as a schedule V controlled substance because of the casual relationship with euphoria. The claimant reports chronic back pain with radiation to lower extremities after a work related injury in 1989; however, there is limited objective documentation of neuropathic pain and/or radiculopathy. Specifically, there is no recent progress notes, lumbar spine MRI reports or electro-diagnostic studies confirming the diagnosis of neuropathy or radiculopathy. As such, this request does not meet guideline criteria and is not considered to be medically necessary.

TOPICAL COMPOUND LF620 (LIDOCAINE 6%, FLURBIPROFEN 20%) 120 GRAMS WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: California MTUS guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. As such, this request is not considered medically necessary.