

Case Number:	CM13-0008449		
Date Assigned:	10/11/2013	Date of Injury:	03/01/2013
Decision Date:	07/03/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/08/2013

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 Occupational 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 patient is a 33-year-old male who has filed a claim for right tibial fracture associated with an industrial injury date of March 01, 2013. Review of progress notes indicates reports improving pain in the neck, mid back, low back, and right leg and ankle with radiation to the right knee. Patient reports left arm numbness, and weakness in the right leg. Patient suffers from post-traumatic stress disorder and complains of nightmares, anxiety, sexual dysfunction, and weight gain. Findings include tenderness of the lumbar region and over the medial aspect of the distal tibia, and decreased range of motion of the right ankle by 90%. Patient is a candidate for second surgery for removal of hardware. Treatment to date has included opioids, Gabapentin, Trazodone, Effexor, Terocin patch, cognitive behavioral psychotherapy, physical therapy, and chiropractic therapy, use of boot and walker, and right tibial IM nail placement. Utilization review from July 17, 2013 denied the request for Ultram ER 150mg #30, Omeprazole 20mg #60, Trazodone 50mg #60, and Medrox patch 5% 4 boxes, as there is no evidence to support the use of this compounded medication. Reasons for denial for Ultram ER, Omeprazole, and Trazodone were not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM ER #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since April 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, the requested dose is not specified. Therefore, the request for Ultram ER #30 is not medically necessary.

OMEPRAZOLE 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since May 2013. There is no documentation regarding the above mentioned risk factors, or of any adverse gastrointestinal side effects in this patient. Therefore, the request for Omeprazole 20mg #60 was not medically necessary.

TRAZODONE 50MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. Patient has been on this medication since May 2013. Patient reports that this medication helps with sleep, but still with nightmares. However, there is no recent documentation describing insomnia in this

patient to support continued use of this medication. Therefore, the request for Trazodone 50mg #60 is not medically necessary.

MEDROX PATCH 5% QTY 4 BOXES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28; 111.

Decision rationale: An online search indicates that Medrox contains menthol 5%, capsaicin 0.0375%, and methyl salicylate 20%. Chronic Pain Medical Treatment Guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, Chronic Pain Medical Treatment Guidelines states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, there is no documentation regarding failure of or intolerance to oral pain medications. Also, there is no evidence to support the 0.0375% formulation of capsaicin for topical application. Therefore, the request for Medrox patch 5% 4 boxes is not medically necessary.