

<b>Case Number:</b>	CM13-0014997		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/21/2008
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] School District employee who has filed a claim for chronic knee pain, low back pain, and lower extremities paresthesias reportedly associated with an industrial injury of May 21, 2008. Thus far, the applicant has been treated with following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture over the life of the claim; unspecified amounts of chiropractic manipulative therapy; various dietary supplements; and extensive periods of time off of work. A clinical progress note of December 3, 2013 is notable for comments that the applicant reports 10/10 knee pain. The applicant is having ongoing issues with insomnia, difficulty sleeping, dizziness, headaches, and ongoing pain with even basic activities of daily living such as standing and walking. She is frustrated and depressed. She is asked to employ a cane. She is given a rather proscriptive limitation of no repetitive stooping or kneeling. The applicant acknowledges that she is not working. An earlier note of June 13, 2013 is notable for comments that the applicant is reporting ongoing complaints of knee pain with weakness about the right lower extremity. Guarding is appreciated about the same on exam. Operating diagnoses include knee pain, depression, stress, anxiety, and sleep disturbance. The applicant is described as having symptoms of gastroesophageal reflux disease. These are apparently worsened by using NSAIDs. These are incompletely characterized, however. Issues of GERD only briefly alluded to. However, on May 9, 2013, it is stated that the applicant has unspecified signs and symptoms of GERD associated with NSAID usage. It is stated that the applicant should modify her diet in addition to using medications. In a Utilization Review Report of July 24, 2013, the claims administrator denied a request for several topical compounds; denied a request for oral Ultracet, and denied a request for omeprazole. The applicant's attorney subsequently appealed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RETRO, KETO 20% MILD ULTCREAM (5/15/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** As noted on page 112 of the California MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes, by either the MTUS or the FDA. The unfavorable recommendation on ketoprofen results in the entire compound is carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

### **RETRO, DICLOFENAC CREAM (5/15/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does note that topical diclofenac or Voltaren is indicated in the treatment of small joint arthritis which lend itself toward topical treatment, such as, for instance, arthritis of the hands, wrists, knees, elbows, ankle/feet, etc. In this case, however, there is no evidence that the applicant in fact carries diagnosis of arthritis impacting or involving any of the aforementioned joints. The bulk of the applicant's symptoms appear to be mental health in nature. Therefore, the request is not certified on the grounds that the applicant does not seemingly carry a diagnosis of small joint arthritis for which topical diclofenac would be indicated.

### **RETRO, AMITRAMADOL DM 4%/ 20% / 10% UCR (5/15/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, however, there is no evidence

of intolerance to and/or failure of multiple classes of oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the agent in question here which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified, on Independent Medical Review

**RETRO, OMEPRAZOLE 20MG CAPSULE (5/15/2013): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider has seemingly established, albeit somewhat incompletely, that the applicant has ongoing symptoms of gastroesophageal reflux disease which are, in part NSAID induced. Employing omeprazole for the same is indicated, appropriate, and supported by page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is retrospectively certified, on Independent Medical Review.

**RETRO, VITALEE (5/15/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Chapter Alternative Treatments.

**Decision rationale:** The MTUS does not address the topic of vitamins, alternative treatments, and/or dietary supplements. However, the Third Edition ACOEM Guidelines do note that vitamins, dietary supplements, complementary treatments, and/or alternative medications such as Vitalee are "not recommended in the treatment of chronic pain as they have no documented benefit or proven favorable outcomes in the treatment of the same. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary so as to offset the unfavorable ACOEM recommendation. Therefore, the request for Vitalee, a dietary supplement, is not certified owing to the unfavorable ACOEM recommendation.

**RETRO, TRAMADOL HCL / APAP 37.5/325MG (5/15/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant has failed to meet any of the aforementioned criteria despite ongoing usage of tramadol-acetaminophen, a synthetic opioid. The applicant is off of work. The applicant's pain complaints are seemingly heightened from visit to visit as opposed to reduced. There is no evidence of any lasting benefit in terms of non-work activities of daily living affected as a result of ongoing opioid therapy. If anything, the applicant is described as having heightened difficulty performing various activities of daily living on multiple progress notes, referenced above. Therefore, the request for tramadol-acetaminophen is retrospectively not certified, on Independent Medical Review.

**RETRO, SALSALATE 500MG, #60 (6/18/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** Salsalate is an NSAID. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as salicylate do represent the traditional first-line treatment for various chronic pain conditions, in this case, however, the applicant has seemingly been on this and other oral and topical agents for some time and has failed to effect any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work. The applicant has failed to affect any lasting benefit in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment despite ongoing usage of salicylate. Therefore, the request is retrospectively not certified.

**RETRO, KETO 20% MILD ULTCREAM (6/18/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** As with the other retrospective request for the ketoprofen containing cream, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that ketoprofen is specifically not recommended by the FDA for topical compound formulation purposes. The unfavorable recommendation on ketoprofen results in the entire compound is carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is retrospectively not certified, on Independent Medical Review.

**RETRO, DICLOFENAC CREAM (6/18/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Page(s): 112.

**Decision rationale:** As with the other request for topical diclofenac, topical diclofenac or Voltaren is, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, indicated in the treatment of small joint arthritis which lends itself toward topical treatment such as, for instance, the ankles, feet, knees, hands, wrists, etc. In this case, however, documentation on file does not establish the presence of any issues with arthritis pertaining to any or all of the aforementioned joints. Therefore, the request is retrospectively not certified, on Independent Medical Review.

**RETRO, AMITRAMADOL DM 4% / 20% / 10% UCR (6/18/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted on page 47 of the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the drug in question here which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, the attending provider has not proffered any applicant-specific rationale or commentary so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is retrospectively not certified.