

Case Number:	CM13-0015532		
Date Assigned:	10/08/2013	Date of Injury:	01/13/2009
Decision Date:	02/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 injured worker had an original date of injury of January 13, 2009. The injuries include the body regions of the shoulders, knees, cervical spine, and lumbar spine. The patient has received cortisone injections in the bilateral shoulders. The patient has a history of rotator cuff repair on July 26, 2013. The patient has under 2 left knee surgeries and had a medial meniscal tear. The disputed issues include a request for Tramadol extended release, Prilosec, and topical creams of TGHOT and FLURFLEX. A utilization review report modified the Tramadol to only allow one month prescription. The explanation was that there was not documentation of ongoing review and documentation of "pain relief, functional status, appropriate medication use, and side effects." The utilization reviewer noted that in terms of postoperative pain management, Tramadol is appropriate but continued use of this would be based upon evidence of functional improvement. With regard to Prilosec, there was no documentation of gastrointestinal complications from use of medications or other gastrointestinal issues according to the utilization review report. Therefore this was recommended for non-certification. With regard to the topical creams, the utilization reviewer cited that Gabapentin is not supported for topical use. There is no documentation that the patient had failed anticonvulsants and antidepressants for neuropathic pain to satisfy the guideline criteria, and therefore there was a recommendation for non-certification of the topical creams. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ongoing monitoring Page(s): 76-80, 96.

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines on page 94 states the following regarding Tramadol: "Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Side Effects: Dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction. Warning: Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Analgesic dose: Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dosage is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ER®: Patient currently not on immediate release Tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). Patients currently on immediate release tramadol, calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day). (Product information, Ortho-McNeil 2003) (Lexi-Comp, 2008)". Since Tramadol is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Medical Guidelines, which specify on pages 78-79. In the case of this injured worker, the disputed issue is the duration of tramadol since the utilization review process had certified Tramadol extended release for a one-month period. The progress note associated with this request is dated September 16, 2013. The patient has recent shoulder surgeries, and Tramadol is an appropriate treatment option as a trial for short-term. However, The Chronic Pain Medical Treatment Guidelines specifies that for any continuation of Opioid, there should be documentation of functional benefit, analgesic efficacy, monitoring of aberrant behaviors, and side effects. Additional documentation beyond this date of service is not noted in the submitted documentation. Therefore, the original utilization review decision is upheld and the Tramadol is only recommended for certification for one month.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (Non-Steroidal Anti-Inflammatory Drugs) and PPI (Proton Pump Inhibitor) usage, as well a.

Decision rationale: According to The Chronic Pain Medical Treatment Guidelines, Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is Naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007). In the case of this injured worker, there is no demonstrated need for a proton pump inhibitor. There is no discussion of gastrointestinal events or risk factors. The patient is documented to be taking Tramadol, Flexeril, and there is a request for topical cream. Due to the lack of justification for Omeprazole, the request for Prilosec 20mg #60 is not medically necessary and appropriate.

TGHot and Flurflex Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Flurflex is compounded formulation of Flubiprofen and Cyclobenzaprine. As per the Chronic Pain Medical Treatment Guidelines, all components of a compounded formulation must be recommended for a topical compounded medication to be certified. On page 113 of the Chronic Pain Medical Treatment Medical Guidelines, following a discussion of Baclofen there is a statement that "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Therefore, since the topical Cyclobenzaprine is not recommended, Flurflex is not medically necessary or appropriate... With regard to the request for TGHot, there is not specification of justification for each component of this topical formulation in the submitted documentation. TGHot is a compounded formulation of Tramadol, Gabapentin, menthol, Camphor, and Capsaicin. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Therefore, since the topical Gabapentin is not recommended, TGHot is not medically necessary or appropriate.