MAXIMUS Federal Services

Case Number:	CM13-0033422		
Date Assigned:	03/28/2014	Date of Injury:	08/26/2011
Decision Date:	04/30/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 applicant is represented [redacted] employee who has filed a claim for chronic low back pain, chronic mid back pain, and hand pain reportedly associated with an industrial injury of August 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; topical agents; proton pump inhibitors; and extensive periods of time off of work. In a utilization review report of October 1, 2013, the claims administrator apparently denied a request for omeprazole, tramadol, topiramate, and Menthoderm. Topiramate was apparently denied on the grounds that the applicant has not tried and failed other first-line anticonvulsants. In an April 27, 2013 handwritten note, the attending provider acknowledges that the applicant is now working with limitations in place. The applicant reports persistent low back and hand pain, 6/10 without medications and 4/10 with medications. The applicant is apparently developing nausea and vomiting with Naprosyn. In an August 10, 2013 progress note, the applicant was described as applying for unemployment compensation with ongoing issues with neck pain, mid back pain, and hand pain. On August 26, 2013, it was again stated that the applicant had mental health issues as well as chronic pain issues. A home exercise program, a TENS unit, and medications were continued. On August 27, 2013, the attending provider discontinued Topamax and asked the applicant to continue other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: OMEPRAZOLE 20MG, #60 (8/10/2013): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole can be employed to treat NSAID-induced dyspepsia. In this case, the applicant was described as having issues with dyspepsia/nausea, apparently induced as a result of earlier Naprosyn usage. Usage of omeprazole to combat the same was medically necessary and appropriate. Therefore, the request is retrospectively certified, on independent medical review.

TRAMADOL 60MG, #90: 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): 79-80.

Decision rationale: The request in question represents a renewal request for tramadol. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid analgesics include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, it does not appear that these criteria have been met. While the applicant does report some marginal reduction in pain scores from 6/10 to 4/10 as a result of ongoing opioid usage, the applicant has not, however, returned to work. The applicant's marginal reduction in pain scores noted on one occasion is not echoed on other visits. On another occasion, the applicant is described as reporting 8/10 pain, seemingly unimproved with medications, including tramadol. There is no clear evidence or description of improved ability to perform non-work activities of daily living as a result of ongoing tramadol usage. Since there has been no seeming improvement in function despite ongoing tramadol usage, the request is not certified, on independent medical review.

TOPIRAMATE 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPIRAMATE Page(s): 21.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does note that topiramate or Topamax, an anticonvulsant medication, can be employed as a second or third-line treatment for neuropathic pain when other anticonvulsants fail, in this case,

however, the applicant has been on topiramate or Topamax for some time. There has been no demonstration of functional improvement despite ongoing usage of the same. The applicant's pain complaints seemingly persist. The applicant has failed to return to work. There is no evidence that the applicant's ability to perform activities of daily living has been ameliorated as a result of ongoing topiramate usage. The applicant remains highly reliant on various medications, consultations, a TENS unit, etc., despite ongoing topiramate usage. Since the applicant has failed to effect any functional improvement despite ongoing usage of the same, the request is likewise not certified, on independent medical review.

MENTHODERM 3MG: 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 SALICYLATE Page(s): 105.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does note that salicylate topicals such as Menthoderm are "recommended" in the treatment of chronic pain, in this case, however, the applicant has been using Menthoderm for sometime, including as early as June 2013. As with the other medications, there has been no demonstration of functional improvement achieved despite ongoing Menthoderm usage. The applicant is off of work. The applicant has failed to improve performance of activities of daily living or diminished reliance on medical treatment despite ongoing Menthoderm usage. Therefore, the request is likewise not certified, on independent medical review.