

<b>Case Number:</b>	CM13-0039051		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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, 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 63-year-old male with date of injury on 04/01/2012. The progress report dated 08/16/2013 by [REDACTED] indicated that the patient's diagnoses include: 1. Cervical spine herniated disk. 2. Lumbar spine herniated disk. 3. Right knee lateral meniscal tear. 4. Left knee medial meniscal tear. 5. Insomnia. 6. Anxiety. The patient continues with pain in the neck with associated stiffness and weakness as well as numbness. The patient makes references to right elbow pain with associated stiffness, weakness, and numbness. He makes further references of low back pain accompanied by stiffness and weakness. The patient provides more indications of pain in both knees with associated stiffness and weakness. The patient rates his pain at a 7/10. Exam findings include cervical spine tenderness with decreased range of motion, right elbow tenderness with full range of motion, lumbar spine tenderness with decreased range of motion with flexion and positive straight leg raise, right knee tenderness over the lateral joint line, and palpable muscle spasm noted. There is also tenderness noted on the left knee and decreased range of motion with flexion and a positive McMurray's test. It was noted that the patient had shown subjective improvement in pain, stiffness, and weakness as well as objective improvement in tenderness, swelling, and strength. He has had temporary alleviation of pain with the current medications. The patient was advised to continue taking them. The patient was prescribed Ultram 50 mg #60, Protonix 60 mg #60, and Xoten-C pain reliever gel 120 mL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg 1 tab TID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 88-89.

**Decision rationale:** The patient continues with chronic neck pain, low back pain, elbow pain, and bilateral knee pain. The progress report dated 08/16/2013 by ██████ noted that the patient rated their pain at a 7/10. The patient had shown subjective improvement in pain, stiffness, and weakness as well as objective improvement in tenderness, swelling, and strength. He has had temporary alleviation of pain with current medications. The progress report dated 09/06/2013 by ██████ noted that the patient's pain was rated at a 5/10 without medication coming down to 3/10 with medication. It was reported that the patient was taking omeprazole for gastritis, tramadol for pain, and topical ointment for pain, and finds it helpful in medication for insomnia and finds it helpful. These medications allow the patient to have increased the number of hours of sleep from one hour to four hours per night. California Medical Treatment Utilization Schedule (MTUS), page 88 and 89, regarding long-term users of opioids states that satisfactory response to treatment may be indicated by the patient decreased pain, increased level of function, or improved quality of life. The records appear to indicate that this patient does have an improved quality of life as it is noted the patient has been able to increase the hours of sleep from one to four hours per night and the patient's pain was reduced from a 5/10 down to 3/10 with pain medication. Also, under strategy for maintenance, California Medical Treatment Utilization Schedule (MTUS) does not recommend lowering the dose if it is working. California Medical Treatment Utilization Schedule (MTUS), page 93 and 94 regarding tramadol, states that it is indicated for moderate to severe pain which this patient has and has reported significant benefit from its use. Therefore, it appears to be reasonable to continue this medication. Authorization is recommended.

**One prescription of Protonix 20mg 1 tab BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs (NSAIDs), GI symptoms & cardi.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs (NSAIDs), GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The records indicate that this patient takes the Protonix as a proton pump inhibitor which alleviates symptoms of his gastritis and finds it to be helpful. California Medical Treatment Utilization Schedule (MTUS), page 69, in regards to Nonsteroidal anti-inflammatory drugs (NSAIDs), GI symptoms, and cardiovascular risk. It is recommended that proton pump inhibitors can be used for treatment of dyspepsia secondary to Nonsteroidal anti-inflammatory drugs (NSAID) therapy and does not appear by the medical records that the patient is taking

Nonsteroidal anti-inflammatory drugs (NSAIDs) for pain. However, the patient does have symptoms of gastritis that is helped with this medication. According to [REDACTED] 09/06/2013 report, the continuation of this medicine appears to be reasonable as this patient is on multiple medications. Therefore, authorization is recommended.

**One prescription of Xoten-C pain relief gel 120ml BID PRN #1:** Overturned

**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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The records indicate this patient has bilateral knee pain and elbow pain per progress report dated 09/06/2013 by [REDACTED], indicates that the patient does have pain relief with this topical cream. The topical cream in question contains methyl salicylate and capsaicin at a concentration of 0.002%. California Medical Treatment Utilization Schedule (MTUS), page 111 through 113, states that any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. The capsaicin at the concentration of 0.002% appears to be within the guidelines as capsaicin is noted for treatment of osteoarthritis at a 0.025% in California Medical Treatment Utilization Schedule (MTUS) page 105 regarding salicylate topicals, states that it is recommended and nonsteroidal anti-inflammatory agents as topicals are indicated for osteoarthritis and tendinitis in particular, that of the knee and elbow or other joints that are amenable to topical treatment. This topical cream appears to be within the treatment guidelines. Therefore, authorization is recommended.