

Case Number:	CM13-0042040		
Date Assigned:	12/20/2013	Date of Injury:	06/10/2009
Decision Date:	02/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 46 year-old female with a 6/10/09 industrial injury claim. On 6/10/09 she was emptying trash into a larger trash container and the trash can fell and hit her on the right knee and foot. She has been diagnosed with: Chronic Regional Pain Syndrome in the right lower extremity; right knee medial meniscal tear; right ankle regional pain syndrome; right foot regional pain syndrome; lumbar pain stimulator in place; lumbar pain secondary to abnormal gait and pain stimulator surgery; right shoulder overuse with impingement and subacromial bursitis from cane use; right wrist and hand pain secondary to overuse of cane; anxiety/depression; insomnia; morbid obesity. The IMR application shows a dispute with the 10/15/13 UR decision. The 10/15/13 UR letter is 42 pages from [REDACTED], and recommends modification of Tylenol #4 300mg/60mg #90, and of a Urine Drug Test; and non-certification for use of Prilosec, Xanax, Ketoprofen topical; gabapentin topical; tramadol topical

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Tylenol #4 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9 and 76-80.

Decision rationale: The available records go back to the initial evaluation by [REDACTED] on 6/25/13. The patient had 8/10 pain and the Tylenol #4 #90 was prescribed. The next follow-up report is dated 8/13/13, and right shoulder, back and wrist pain were now 7/10, but knee and elbow pain remained 8/10. Next follow-up is on 10/1/13, and the patient reports feeling worse. Right shoulder and wrist remain at 7/10, low back is up to 8/10, right knee is down to 7/10, and right elbow is down to 3/10. It is not known if this was due to the medications, as the physician reports the patient did not get medications due to insurance denial. The Urine Drug Test on 10/1/13 did detect codeine which was prescribed, as well as morphine from an unknown source. [REDACTED] did not discuss the results of the Urine Drug Test on his 11/8/13 report. The MTUS guidelines for a therapeutic trial of opioids (less than 6-months) states to continue opioids if the patient returned to work or has improved functioning and pain. This is not apparent from the available reporting. MTUS states to discontinue opioids if there is no overall improvement in function, unless there are extenuating circumstances or if there is decrease in functioning. The patient feels worse and there is no overall improvement in function documented. There is no assessment of pain since last assessment, average pain, and pain relief with medications, how long it takes for pain relief, how long it lasts. The request for continued use of Tylenol #4 is not in accordance with MTUS guidelines. Therefore Tylenol #4 #90 is not medically necessary and appropriate.

Decision for Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC,Pain Procedure summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The medical reports do not discuss the MTUS GI risk factors, and there is no history of GERD or dyspepsia with NSAIDs. The patient does not meet the MTUS criteria for use of a Proton Pump Inhibitor such as omeprazole. Therefore Prilosec 20mg #90 is not medically necessary and appropriate.

Decision for Xanax 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Xanax is a benzodiazepine that has been prescribed since 6/25/13. MTUS specifically recommends against using Benzodiazepines over 4-weeks. The request for continued

use of Xanax beyond 4-weeks is not in accordance with MTUS guidelines .therefore Xanax 1mg #60 is not medically necessary and appropriate.

Decision for Ketoprofen 20% 30gm: Upheld

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

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

Decision rationale: MTUS for topical NSAIDs states Ketoprofen is not currently FDA approved for topical application, and that "Only FDA-approved products are currently recommended "The request is not in accordance with MTUS guidelines. Therefore Ketoprofen 20% 30gm is not medically necessary and appropriate.

Decision for Tramadol 20% 30gm: Upheld

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

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

Decision rationale: MTUS states topical analgesics are: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The earliest record is the 6/25/13 medical report from [REDACTED] and there is no mention of failure of antidepressants and anticonvulsants. There is no indication the patient is using the topical tramadol, no discussion of efficacy, no discussion as to why the oral tablets of this medication cannot be used. There did not appear to be a problem with swallowing as the patient had taken the tablet form of Tylenol, Prilosec and Xanax. Based on the available information, the request for topical tramadol is not in accordance with MTUS guidelines. Therefore Tramadol 20% 30gm is not medically necessary and appropriate.

Decision for Gabapentin 10% 30gm: Upheld

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

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

Decision rationale: MTUS specifically states topical gabapentin is not recommended. The request is not in accordance with MTUS guidelines. Therefore Gabapentin 10% 30gm is not medically necessary and appropriate.

Decision for Urine Toxicology Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The records show the Urine Drug Test was performed on 10/1/13, and that this was the only Urine Drug Test for 2013. It did show the prescribed Codeine and Xanax, but also detected Morphine. The available records did not discuss a source for the Morphine finding. The Urine Drug Test does appear to be in accordance with MTUS guidelines. Therefore Decision for Urine Toxicology Screening is medically necessary and appropriate.