

Case Number:	CM13-0045721		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2007
Decision Date:	03/07/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/12/2013

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 Geriatrics has a subspecialty in and is licensed to practice in New York. 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 is woman who was injured on 9/10/07. She was evaluated on 9/17/03 and continued to complain of weakness in her left leg and back pain. She had undergone a recent epidural injection but declined further injections. She also complained of neck and left knee pain. Her medications included tramadol and Prilosec. She was ambulatory with 'some stiffness' but no limp. Her physical exam was significant for reduced back flexion, normal reflexes, normal sensation and normal motor exam. Her knees range of motion bilaterally was zero to 100 degrees. Her diagnoses were left knee medial meniscus tear status post medial meniscectomy, morbid obesity, cervical spine sprain/strain, right knee and foot sprain/strain, depression, insomnia and post traumatic arthroses of the medial compartment of the left knee. Renewals for tramadol, Prilosec and topical cream of ketoprofen, gabapentin and tramadol were given which are at issue in this review. There is no mention of a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg, ER #30: Upheld

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 Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. In this injured worker, the MD visit fails to document any improvement in pain, functional status or side effects to justify long-term use. The tramadol is denied as not medically necessary.

Prilosec 20mg, #90: Upheld

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 Page(s): 68-69.

Decision rationale: This worker has chronic knee and back pain with minimal limitations noted on physical examination. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events nor is she taking a NSAID to justify medical necessity of omeprazole.

Topical Cream of Ketoprofen: Upheld

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 Page(s): 111-112.

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical ketoprofen in this injured worker, the records do not provide clinical evidence to support medical necessity.

Topical Cream of Tramadol:

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 Page(s): 111-112.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. Also, per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding topical tramadol in this injured worker, the records do not provide clinical evidence to support medical necessity.

One Outpatient Urinalysis(UA): Upheld

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.

Decision rationale: Per Up To Date: A complete urinalysis should be performed in a patient with evidence of or suspected kidney disease or in a patient with known or suspected kidney stones. A complete urinalysis is also needed to clarify the significance of findings noted on urine dipstick analyses from otherwise asymptomatic individuals who may have had the urine dipstick as part of a workup for another condition such as hypertension or diabetes. The records do not document any urinary symptoms or suspicion of kidney disease to justify the medical necessity of a urinalysis.

Topical Cream of Gabapentin:

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 Page(s): 16-22 and 111-112.

Decision rationale: Per the chronic pain guidelines for chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. Also, per the MTUS, topical analgesics are largely experimental

with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding topical tramadol in this injured worker, the records do not provide clinical evidence to support medical necessity.