

Case Number:	CM13-0047232		
Date Assigned:	12/27/2013	Date of Injury:	05/08/2007
Decision Date:	05/21/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 61 year old man who sustained a work related injury on May 8, 2007. Subsequently, he developed a chronic neck pain, right shoulder pain, and bilateral knees. According to a note dated on November 12 2013, the pain severity was 6/10. The patient is numbness and tingling in both hands. His examination demonstrated tenderness in the right shoulder with reduced range of motion. His MRI of the right shoulder dated October 28, 2013 showed prior rotator cuff repair. The patient was diagnosed with chronic cervical pain, impingement syndrome of the right shoulder, bilateral carpal tunnel syndrome, right cubital syndrome, knees derangement, and depression with sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150MG, quantity 30: Upheld

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

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

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Ultram could be used if

exacerbation of pain after or during the weaning process. There no clear and recent documentation of recent pain intensity or the recent use of first line pain medications. Therefore, Tramadol ER 150mg, #30 is not medically necessary at this time.

Protonix 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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 patient was prescribed NSAID; however, there is no documentation that the patient is at an increased risk of GI events. Therefore the prescription of Protonix 20mg #60 is not medically necessary.

Trazadone 50mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). A Comparison of the Effectiveness of Two Hypnotic Agents for the Treatment of Insomnia. INT J PSYCHIATR NURS RES 10(1): 1146-1150.

Decision rationale: Evidence-based guidelines state that hypnotics like Trazodone are indicated as a second line option for insomnia, after a trial of non-pharmacological treatment. There is no documentation that the patient tried first line non-pharmacological treatment of his insomnia. Therefore, Trazadone is not medically necessary.

Lido Pro Lotion 4oz: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that

contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin, a topical analgesic, which is not recommended by MTUS unless the patient is intolerant of first line treatments. There is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Additionally, lidocaine is only FDA approved in the form of a dermal patch. Based on the above, Lido Pro is not medically necessary.

Terocin Patches, #20: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin contains capsaicin, a topical analgesic, which is not recommended by MTUS unless the patient is intolerant of first line treatments. There is no documentation of failure or intolerance of first line oral medications for the treatment of pain. The request is not medically necessary.