

Case Number:	CM13-0047597		
Date Assigned:	12/27/2013	Date of Injury:	01/23/2010
Decision Date:	03/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 42-year-old female who reported an injury on 01/23/2010. The injury was noted to have occurred to her neck, shoulders, and low back while she was pulling a food tray with her left hand. Her symptoms were noted to include pain in the cervical spine with radiation to the bilateral upper extremities and pain in the lumbar spine with radiation into the left hip, groin, and leg and into the foot with an associated tingling sensation. Her medications were noted to include Gaviscon, pantoprazole, Norco, tramadol, and omeprazole. A 09/20/2013 office note indicated that the patient was started on MS Contin 30 mg twice a day and Norco 10/325 mg every 4 to 6 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing management of patients taking opioid medications needs to include

detailed documentation regarding the patient's pain outcomes on the medication, functional status and the 4 A's for ongoing monitoring. The clinical information submitted for review failed to provide specific details regarding the patient's pain outcomes as outlined by the California MTUS Guidelines as well as address the 4 A's for ongoing monitoring. Additionally, the patient's 09/20/2013 office note indicates that she was going to be started on MS Contin and Norco as her previous medication regimen, including Norco and tramadol, had not controlled her pain. Therefore, further verification would be needed, indicating the patient's need for tramadol. As such, the request is non-certified.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, a proton pump inhibitor may be recommended for patients who take NSAID medications and have symptoms of dyspepsia or specific risk factors for gastrointestinal events. The clinical information submitted for review failed to include an NSAID medication on the patient's medication list, and it was noted that she was taking pantoprazole as well as omeprazole, which indicated duplicative treatment. Moreover, there was no specific documentation regarding dyspepsia related to NSAID use or risk factors for gastrointestinal events. In the absence of this documentation, the request is non-certified.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use and are mostly recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also specify that for compounded products, specific knowledge of the specific analgesic effect of each agent is needed as well as knowledge of how it will be useful for the specific therapeutic goal required. As the request is for a topical cream/creams, and the specific agents included were not documented; the specific analgesic effect and how the cream will be useful for the specific goals is not known. Therefore, the request is not supported by evidence-based guidelines. As such, the request is non-certified.