

Case Number:	CM13-0050247		
Date Assigned:	12/27/2013	Date of Injury:	11/15/2011
Decision Date:	06/05/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation 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 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 injured worker is a 46 year old male with a reported date of injury on 11/15/2011; the mechanism of injury was not provided in the medical records. Per the 08/09/2013 agreed medical evaluation, the injured worker reported radiating lower back pain to the left buttock and posterior thigh. Reflexes and motor strength of the lower extremities were normal. Sensation was diminished in the left lower extremity in a non-dermatomal pattern and straight leg raising was negative. An unofficial MRI performed on 02/14/2012 showed a disc protrusion at L4-5. An EMG/NCS performed on 06/12/2012 showed findings consistent with L4-5 radiculopathy. Previous lumbar epidural steroid injections were reported to have provided temporary relief. The request for authorization form for Tramadol, Omeprazole, and Terocin patches was submitted on 10/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TRAMADOL HYDROCHLORIDE ER 150MG: Upheld

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

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

Decision rationale: The request for 90 Tramadol Hydrochloride ER 150mg is not medically necessary. In regards to opioids, the Chronic Pain Medical Treatment Guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided do not include a current medication list. It is unclear the injured worker has significant pain relief and significantly improved functional status. The injured workers medication regimen was unclear within the provided documentation. The medical records provided fail to establish the necessity for Tramadol. As such, the request is not medically necessary.

120 OMEPRAZOLE DR CAPSULES 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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: The request for 120 Omeprazole DR capsules 20mg is not medically necessary. The Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are recommended for patients with current gastrointestinal problems or those at risk for gastrointestinal events. Risks for gastrointestinal events include: age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The medical records provided did not include a current medication list. It is unclear if the injured worker is taking any medications that would put him at risk for gastrointestinal events. In addition, there was no documentation of any current gastrointestinal problems. As such, the request is not medically necessary.

10 TEROGIN PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: The request for 10 Terocin patches is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, any compounded product that contains at least one drug that is not recommended is not recommended. The active ingredients in Terocin patches are menthol and Lidocaine. The guidelines do not recommend the use of topical formulations (creams, lotions, or gels) of Lidocaine other than Lidoderm. As the guidelines do not recommend the use of other topical formulations of Lidoderm, the medication would not be indicated. As such, the request is not medically necessary.