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| Case Number: | CM13-0065729 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 02/22/2013 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 12/03/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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, 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 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 58-year-old male with an injury date of 02/22/13. Based on the 11/04/13 progress report provided by [REDACTED], the patient is diagnosed with a closed lumbar fracture. [REDACTED] is requesting the following: 1) Tramadol HCL ER 150 mg #90 2) Terocin patches #10 3) Omeprazole 20 mg #120 Final Determination Letter for IMR Case Number CM13-0065729 3 The utilization review determination being challenged is dated 12/03/13 and recommends denial of the tramadol, terocin patches, and omeprazole. [REDACTED] is the requesting provider, and he provided treatment reports from 05/30/14- 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL EXTENDED RELEASE (ER) 150 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL, OPIOIDS FOR NEUROPATHIC PAIN Page(s): 80,82,84.

Decision rationale: According to the 11/04/13 progress report, the patient presented with a closed lumbar fracture. The request is for Tramadol HCL ER 150 mg #90. The report requesting

Tramadol HCL was not provided and there is no evidence that the patient has previously taken this medication. The patient has been taking another opiate, Norco, since 05/30/13 (the earliest progress report provided) and there is no indication of functional improvement. The Chronic Pain Guidelines require documentation of pain and function for long-term use of opiates. A numeric scale or a validated instrument is required once every six (6) months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, the treater does not mention the impact Norco had on the patient and requests another opiate to help ease the pain. There is no evidence that Norco has been helpful and it is unlikely that Tramadol would do much for this patient. Tramadol is a weak binding molecule for mu-receptor and unlikely to be effective if the patient is already on Norco. Again, there are no reports discussion why Tramadol is being prescribed. Recommendation is for denial.

TEROCIN PATCHES, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

Decision rationale: According to the 11/04/13 progress report, the patient presented with a closed lumbar fracture. The request is for terocin patches #10. The report requesting terocin patches was not provided and there is no evidence that the patient has previously used these patches. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The Chronic Pain Guidelines indicate that topical lidocaine is recommended for neuropathic pain, and localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). The Guidelines also indicate that topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. In this patient, there is no evidence of neuropathic pain, or neuropathic pain that is "peripheral and localized." Recommendation is for denial.

OMEPRAZOLE 20 MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES, INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, APPENDIX A, ODG WORKERS COMPENSATION DRUG FORMULARY PROTON PUMP INHIBITORS (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69.

Decision rationale: According to the 11/04/13 progress report, the patient presented with a closed lumbar fracture. The request is for omeprazole 20 mg #120. The report requesting

omeprazole was not provided and there is no evidence that the patient has previously taken this medication. The treater does not document any gastrointestinal (GI) issues or side effects from the use of non-steroidal anti-inflammatory drugs (NSAIDs). There is no profiling of the patient's risk factors. Based on review of the records, I cannot determine that this patient is at any risk of GI side effects from long-term use of Motrin. The Chronic Pain Guidelines do not recommend routine use of GI prophylaxis without documentation of a risk assessment. Recommendation is for denial.