MAXIMUS Federal Services

Case Number:	CM13-0065798		
Date Assigned:	05/07/2014	Date of Injury:	01/03/2011
Decision Date:	07/09/2014	UR Denial Date:	12/10/2013
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 Occupational 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:

This is a 53-year-old male with a 1/3/11 date of injury after slipping on the floor landing on his back. The patient was seen on 10/7/13 with right shoulder, wrist and L spine pain with numbness in the right leg. Exam findings revealed tenderness over the L spine with spasm and decreased range of motion, and tenderness over the right thumb. His diagnosis is carpal tunnel syndrome, back sprain, shoulder bursae and tendon disorder. In a 11/19/13 QME it is noted that Tramadol and Prilosec have helped the patient and these medications were approved on 10/1/13. It is also noted that the patient takes Tramadol occasionally for pain, however, a progress note from 10/17/13 note the patient's lower back pain to be worse.Treatment to date: right shoulder arthroscopic surgery, Lumbar RFA, physical therapy, HEP, and medications.A UR decision dated 12/10/13 denied the request for Tramadol given there was no evidence of urine drug screening and no description of functional gain or quantification of decrease on pain. The request for Prilosec was denied, as there was no history of a GI event, no documentation of GERD, or chronic NSAID use. The request for topical ibuprofen 10% was not certified, as MTUS does not support the use of topical ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER (ULTRAM ER) #60: Upheld

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

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

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. However, it is also in the opiate class of medications and monitoring of ongoing use must be documented, including VAS with and without medications, functional gains (i.e. ability to perform ADL's) should also be documented. The 10/5/13 medical report revealed that recent multiple MBBB's reduced the patient's axial pain by 80% and his walking tolerance had increased from 3 minutes to 15 minutes, and his sitting and standing tolerances had also improved, and so the patient was taking less medicine including Tramadol which he took on occasion. The patient rated his pain at 2-3/10, a rating of mild pain, which would preclude the need for opiates or opiate-synthetics which per the guidelines are recommended for the treatment of moderate to moderately severe pain. The 10/5/13 medical report also stated that an epidural block in February 2013 had resolved the patient's radicular pain, which would also preclude the need for Tramadol. Therefore, the request for Tramadol ER (Ultram ER) #60 was not medically necessary.

PRILOSEC (OMEPRAZOLE) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITOR Page(s): 68.

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

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There was no mention of the patient having a history of a GI event such as an ulcer of bleed, no mention of a history of GERD for which Prilosec has been useful, and the patient was not noted to be on chronic NSAID therapy at the time this medication was dispensed. Therefore, the request for Prilosec #60, was not medically necessary.

IBUPROFEN 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ibuprofen

10% is not recommended per MTUS guidelines nor is this formulation and strength FDA approved for topical use. Therefore, the request for IBUPROFEN 10% was not medically necessary.