

Case Number:	CM14-0001088		
Date Assigned:	01/22/2014	Date of Injury:	04/12/2012
Decision Date:	07/14/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 4/12/12 date of injury, and status post herniorrhaphy 7/12/12. At the time (12/6/13) of request for authorization for Nabumetone 750 mg #60, Tramadol cream 10% times one jar, and Pantoprazole 20 mg #30, there is documentation of subjective findings of pain rated 8.5/10 in the left leg and into the groin and objective findings of pain on lumbar extension, some pain and tenderness over the left more so than right low back, forced hip twisting more painful on the left side, slightly antalgic gait. The current diagnoses are inguinal hernia, bilateral NOS without mention of obstruction or gangrene, CRPS and chronic pain syndrome. The treatment to date includes medications including Dendracin cream, Venlafaxine, Pantoprazole, Nabumetone and Tramadol cream (since at least 12/13). Regarding the requested Nabumetone 750 mg #60, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. Regarding the requested Tramadol cream 10% times one jar, there is no documentation that trials of antidepressants and anticonvulsants have failed. Regarding the requested Pantoprazole 20 mg #30, there is no documentation of risk for gastrointestinal events and that Pantoprazole is being used as a second-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

NABUMETONE 750MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of inguinal hernia, bilateral NOS without mention of obstruction or gangrene, CRPS, and chronic pain syndrome. However, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Nabumetone 750 mg #60 is not medically necessary.

TRAMADOL CREAM 10% TIMES ONE JAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of inguinal hernia, bilateral NOS without mention of obstruction or gangrene, CRPS, and chronic pain syndrome. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Tramadol cream 10% times one jar is not medically necessary.

PANTOPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events,

preventing gastric ulcers induced by NSAIDs, and that pantoprazole is being used as a second-line as criteria necessary to support the medical necessity of pantoprazole. Within the medical information available for review, there is documentation of diagnoses of inguinal hernia, bilateral NOS without mention of obstruction or gangrene, CRPS, and chronic pain syndrome. However, there is no documentation of risk for gastrointestinal events and that Pantoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20 mg #30 is not medically necessary.