

Case Number:	CM14-0005258		
Date Assigned:	02/05/2014	Date of Injury:	09/19/2008
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 45-year-old female who reported an injury on 09/19/2008. The mechanism of injury was not provided. The injured worker's medication history included topical patches, Tramadol, proton pump inhibitors (PPIs), and medications for constipation in 04/2013. Oral non-steroidal anti-inflammatory drugs (NSAIDs) were added in 10/2013. The injured worker underwent an arthroscopy, synovectomy, and chondroplasty of the patella on 04/02/2013. The documentation of 11/21/2013 revealed the injured worker had ongoing depression, anxiety, and insomnia related to chronic pain. The injured worker indicated she needed a refill of medications, which she used to be functional. The injured worker had pain in the low back and bilateral knees. The diagnoses included bilateral knee pain and chronic low back pain due to chronic lumbar extensor strain. The treatment plan included Docusone 100 mg #60 for constipation, Protonix 20mg #60 for upset stomach, naproxen sodium 50mg #60 for anti-inflammation, Tramadol ER 150mg #30 for pain, and Terocin patches #20 for topical relief. The injured worker had trialed LidoPro, which gave the injured worker rashes. The injured worker was continuing treatment with a back brace, hot and cold therapy, a transcutaneous electrical nerve stimulation (TENS) unit, and knee bracing as needed. There was a request for a figure 8 brace for the shoulders to take the pressure off her low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors (PPIs), for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy. Additionally, the MTUS indicates there should be a determination of the injured worker's risk factors for gastrointestinal events including greater than age 65, history of peptic ulcer, gastrointestinal (GI) bleeding and perforation, or concurrent use of aspirin, corticosteroids, and an anticoagulant or high dose multiple NSAIDs. The injured worker had been taking the medication since 04/2013. The clinical documentation submitted for review failed to indicate the injured worker was at an increased risk for gastrointestinal events. There was lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. The NSAID that was concurrently being reviewed failed to meet the criteria to support usage. Given the above, the request is not medically necessary.

DOCUPRENE 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000100/>, Stool Softeners

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend when initiating opioid therapy prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker had been utilizing opiates and constipation therapy since 04/2013. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

NAPROXEN SODIUM 550MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term symptomatic relief of pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest

duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been taking the medication for one month. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

TEROCIN PATCHES #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Salicylate, Topical Analgesic, Lidocaine Page.

Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS further states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The California MTUS guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terozin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review indicated the injured worker was utilizing topical patches since 04/2013. There was a lack of documented efficacy for the requested medication. Additionally, there was a lack of documentation indicating exceptional factors to warrant non-adherence to the guidelines recommendations. There was a lack of documentation indicating the injured worker's objective functional benefit received from the medication and the objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

TRAMADOL ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120mg of oral

morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than six months. There was a lack of documentation meeting the above criteria. The dosage for Tramadol was 150mg per day, which exceeds the 120mg of recommended oral morphine equivalents per day. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.