

Case Number:	CM14-0013235		
Date Assigned:	02/24/2014	Date of Injury:	03/25/2011
Decision Date:	10/01/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 Geriatrics and is licensed to practice in New York. 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 case involves a male injured worker who was injury on 3/25/11. He was seen by his primary treating physician on 1/6/14. He was status post right knee arthroscopy on 7/18/13 and complained of right knee, low back and right inguinal pain. His physical exam showed right knee range of motion from 5-120 degrees. Laxity was negative and x-rays were within normal limits. His lumbar spine had decreased range of motion with pain and spasm. His neurologic exam was within normal limits to his lower extremities. He was tender at the right inguinal region. His diagnoses were lumbar region sprain, ankle sprain and internal derangement of the knee. At issue in this review are the prescriptions for Tramadol, "topical lotion" (Terocin per the records), Pantoprazole and Diclofenac. These medications were prescribed since at least 2/13 per the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DICLOFENAC SODIUM ER 100MG QTY: 60 WITH 1 REFILL, DISPENSED ON 1/6/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This 37 year old injured worker has chronic back and neck pain. In chronic low back pain, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify ongoing use. Therefore, this request is not medically necessary.

**RETROSPECTIVE REQUEST FOR TRAMADOL 50MG QTY: 60 WITH 1 REFILL
DISPENSED ON 1/6/2014: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. The MD visit fails to document any improvement in pain, functional status or side effects to justify long-term use. There is also no evidence on physical exam of neuropathic pain. Therefore, the request is not medically necessary.

**RETROSPECTIVE REQUEST FOR TOPICAL LOTION 120ML WITH 1 REFILL,
DISPENSED ON 1/6/2014: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 , 112.

Decision rationale: After record review, it appears that the lotion is Terocin lotion. Terocin includes topical lidocaine and menthol. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. This injured worker has chronic back and knee pain. There is no documentation of side effects or efficacy to support medical necessity for the prescription of topical lotion in this injured worker. Therefore, this request is not medically necessary.

**RETROSPECTIVE REQUEST FOR PANTOPRAZOLE SODIUM D. R 20MG QTY: 60
WITH 1 REFILL, DISPENSED ON 1/6/2014: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This worker has chronic knee and back pain for which he takes a non-steroidal anti-inflammatory drugs (NSAIDs). Pantoprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of pantoprazole. As such, this request is not medically necessary.