MAXIMUS Federal Services

Case Number:	CM14-0015286		
Date Assigned:	02/28/2014	Date of Injury:	07/09/2004
Decision Date:	07/18/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal 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:

The injured worker is a 58-year-old female who has submitted a claim for trigger finger, cervicalgia, lumbago, carpal tunnel syndrome, and lower leg joint pain; associated with an industrial injury date of 07/09/2004.Medical records from 2014 were reviewed and showed that patient complained of acute exacerbation of pain and spams. Patient noted significant improvement from cyclobenzaprine, tramadol, and naproxen. Physical examination findings were not provided. Imaging studies were not made available.Treatment to date has included medications, left carpal tunnel release (04/23/2010), and left knee arthroscopy (01/27/2013)Utilization review, dated 01/14/2014, modified the request for Omeprazole 20mg #120 to #60 to comply with once daily dosing daily dosage recommendation; denied the request for Tramadol ER 150mg #90 because it is not recommended as first-line use, there was no documented failed trials of first-line opiates, and there was no VAS quantification of pain with and without medications; and denied the request for Terocin patch #10 because of negative guideline recommendations, and there was no intolerance to oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (ppis).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastro esophageal reflux disease. Pages 64 to 65 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, there was also no discussion regarding previous gastrointestinal disorders. The risk for gastrointestinal events cannot be assessed. Therefore, the request for Omeprazole 20mg #120 is not medically necessary.

TRAMADOL HCL ER 150MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the medical records submitted for review did not include documentation regarding current medications. There was also no discussion regarding continued analgesia, continued functional benefit, or a lack of adverse side effects from opioid use. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol HCL ER 150mg #90 is not medically necessary.

TEROCIN PATCH, #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical salicylates.

Decision rationale: Terocin patch contains lidocaine and menthol. As stated on pages 56 to 57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or AEDs such as gabapentin or Lyrica). Regarding the menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA issued a safety warning which identifies rare cases of serious burns that have been

reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. There was also no discussion regarding previous trials with first-line anti-depressants or anti-epileptics drugs. Therefore, the request for TEROCIN PATCH #10 is not medically necessary.