

Case Number:	CM14-0016644		
Date Assigned:	04/11/2014	Date of Injury:	06/21/2012
Decision Date:	08/28/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid agents; topical compounds; and unspecified amounts of acupuncture over the course of the claim. In a Utilization Review Report dated February 3, 2014, the claims administrator failed to approve request for tramadol, Terocin, and omeprazole. The applicant's attorney subsequently appealed. In a March 13, 2013 progress note, the applicant was described as having persistent complaints of low back pain, wrist pain, and hand pain. The applicant was placed off of work, on total disability. Thea applicant's medication list was not outlined on this occasion. On November 13, 2013, the applicant presented with unchanged low back and wrist pain. The applicant obtained Toradol and vitamin B12 injections. Unspecified medications were refilled under a separate cover. The applicant was given a permanent impairment rating. It was stated that the applicant needed a functional capacity evaluation to quantify his impairment rating. The attending provider stated that the applicant was a qualified injured worker for rehabilitation purposes and also noted that the applicant had failed to return to work. The attending provider, thus, did not incorporate any discussion of medication selection and/or ongoing medication efficacy in his progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HYDROCHLORIDE ER 150 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has failed to return to work, the attending provider has reiterated throughout the file. The attending provider has not incorporated any discussion of medication efficacy or analgesia in any of the cited progress notes. The attending provider did not state how (or if) tramadol had proven beneficial here. No mention of tramadol or other medications was made on the provided cited progress notes. Therefore, the request for tramadol is not medically necessary.

TEROCIN PATCH #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. Page 111 of the MTUS Chronic Medical Treatment Guidelines notes that topical analgesics such as Terocin, as a class, are deemed largely experimental. In this case, no rationale for selection and/or ongoing usage of Terocin was provided in the face of the unfavorable MTUS recommendations. There was no discussion of medication efficacy incorporated into any of the attending provider's progress notes. Therefore, the request for Terocin is not medically necessary.

OMEPRAZOLE DELAYED-RELEASE CAPSULES 20 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat symptoms of NSAID-induced dyspepsia, in this case, however, the progress notes provided made no mention of any active symptoms or reflux, heartburn, and/or dyspepsia which would support provision of omeprazole. Therefore, the request is not medically necessary.