

Case Number:	CM14-0130473		
Date Assigned:	08/20/2014	Date of Injury:	09/23/2005
Decision Date:	12/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/14/2014

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 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:

This is a 62-year-old female with a 9/23/05 date of injury. According to a progress report dated 7/7/14, the patient reported multiple injury areas including her neck, low back, shoulders, and wrists. Her medications reduced pain by approximately 50% and improved ADLs. Lidopro cream has been helpful. She has no longer been taking diclofenac. Objective findings: tenderness to palpation of lumbar and cervical paraspinal muscles, tenderness to palpation of bilateral knees joint lines. Diagnostic impression: shoulder sprain/strain, lumbar degenerative disc disease, sacroiliac strain, pain in joint (wrist), bilateral carpal tunnel syndrome, cervical degenerative disc disease. Treatment to date: medication management, activity modification, carpal tunnel syndrome, home exercise program, TENS unit. A UR decision dated 7/14/14 denied the requests for Tramadol, Omeprazole, Diclofenac, TENS patches, and Lidoderm cream. Regarding Tramadol, there is no current urine drug test, risk assessment profile, attempt at weaning/tapering, and evidence of objective functional benefit with prior use of this medication to support continued use. Regarding Omeprazole, considering that continued use of NSAID has been non-certified, the medical necessity for omeprazole is not established. Regarding Diclofenac, Diclofenac is an "N" drug on the ODG formulary and there is no documentation of failed trials of "Y" drugs. Further, there is no supporting evidence of objective functional improvement with prior use to support continued use. Regarding TENS patches, there is no record from the provider that the claimant's usage of TENS unit has made any significant change in the claimant's functional status. Regarding Lidoderm cream, there is no evidence of objective functional improvement to support continued medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg TID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of objective functional improvement from continued use of tramadol. In addition, there is no documentation of lack of aberrant behavior, an opioid pain contract, urine drug screen, or CURES monitoring. In addition, given the 2005 date of injury, almost a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Tramadol 50 mg TID PRN was not medically necessary.

Omeprazole 20 mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the present case, the medical necessity of the NSAID, Diclofenac, has not been established. As a result, this associated request for prophylaxis from NSAID-induced gastritis cannot be established. Therefore, the request for Omeprazole 20 mg BID was not medically necessary.

Diclofenac (dosage/amount unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Voltaren

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. However, in the present case, there is no documentation that this patient has had a trial and failure of a first-line NSAID medication. In addition, it is noted that this patient is no longer taking Diclofenac. It is unclear why this request is being made at this time. Therefore, the request for Diclofenac (dosage/amount unspecified) was not medically necessary.

TENS Patches (dosage/amount unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, in the present case, there is no documentation of specific subjective and objective functional improvements directly related to the use of TENS unit. There is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no documentation of decreased medication use as a result of using the TENS unit. Due to the fact that the medical necessity for the continued use of a TENS has not been established, this associated request for TENS supplies cannot be substantiated. Therefore, the request for TENS Patches (dosage/amount unspecified) was not medically necessary.

Lidoderm Cream (dosage unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of Lidocaine in a topical cream/lotion formulation. A specific rationale identifying why this topical medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Lidoderm cream (dosage unspecified) was not medically necessary.