

Case Number:	CM14-0133593		
Date Assigned:	08/27/2014	Date of Injury:	05/29/2013
Decision Date:	10/02/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 24-year-old male who reported an injury on 05/29/2013. The mechanism of injury was a forklift accident. His diagnoses were noted to be chronic bilateral knee, lumbar spine, and left ankle sprain/strain, with myofascial pain. Prior treatments were noted to be therapy and medication. The injured worker was noted to have diagnostic image testing. Prior surgical history was noted to be right knee surgery. The injured worker had a clinical evaluation on 06/02/2014. The subjective complaints were noted to be bilateral knee symptoms, which the injured worker described as constant, dull pain that was sharp at times with radiating pain and numbness to the bilateral lower extremities. In addition, there were lumbar spine symptoms, which were described as constant, dull pain with radiation of pain and numbness to the bilateral lower extremities and thoracic spine symptoms, which were described as constant, dull pain without radicular symptoms. Objective findings included impaired range of motion to the right knee, left knee, lumbosacral spine, thoracic spine, and positive orthopedic findings including positive Kemps test. The treatment plan was for chiropractic and physiotherapy in conjunction with therapeutic activities and exercises for an additional 12 office visits. The rationale for the request was not noted within the clinical evaluation dated 06/02/2014. A Request for Authorization form was also not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The request for Tramadol 5mg, quantity: 90, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant to ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review fails to provide an adequate pain assessment. The pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Tramadol 5mg #90 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 Nonselective NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Naproxen Sodium 550mg, quantity: 60, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is a nonselective NSAID. The guidelines state a general recommendation that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. It is not noted that the injured worker has had prior efficacy with the use of Naproxen Sodium. In addition, the treatment period is not known. Side effects were not noted, and the provider's request fails to indicate a dosage frequency. Therefore, the request for Naproxen Sodium 550mg #60 is not medically necessary.

Omeprazole 20mg #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, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole 20mg, quantity: 60, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors (PPIs) for patients at intermediate or high risk for gastrointestinal events. Risk factors include being greater than 65 years of age; history of peptic ulcer, bleeding or perforation; concurrent use of aspirin, corticosteroids and/or an anticoagulant; or high dose/multiple NSAID use. It is not noted that the injured worker has risk factors that put him at intermediate or high risk of gastrointestinal events. In addition, the provider's request fails to provide a dosage frequency. Therefore, the request for omeprazole 20 mg quantity 60 is not medically necessary.

Menthoderm gel 120gm (4oz): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Menthoderm gel 120gm (4oz) is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines continue to state any compounded product that that contains at least 1 drug or drug class that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the injured worker with chronic pain. However, there was a lack of documentation that the injured worker had failed trials of antidepressants and anticonvulsants. In addition, the provider's request fails to indicate a dosage and frequency. As such, the request for Menthoderm gel 120gm (4oz) is not medically necessary.

Unknown prescription of Glucosamine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The request for an unknown prescription of Glucosamine is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Glucosamine as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The documentation submitted for review does not indicate the injured worker has knee osteoarthritis. In addition, the provider's request fails to provide a dosage,

frequency, and quantity. Therefore, the request for an unknown prescription of glucosamine is not medically necessary.