

Case Number:	CM14-0153794		
Date Assigned:	09/23/2014	Date of Injury:	02/19/2002
Decision Date:	11/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 New York and North Carolina. 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 38 year old man was injured 8/19/2002. He is diagnosed with lumbar discogenic syndrome, post-operative chronic pain, pain disorders related to psychological disorder and a history of gastritis. Medication recommended by his treating physician include Tramadol, Flexeril PRN, Omeprazole, Lidopro. He is also prescribed a TENS and uses heat therapy. He is working full duty, "self-modified" without any formal restrictions or limitations. He has had acupuncture treatment for ongoing pain, stiffness and tightness. He is appealing the 8/1/2014 denial of Tramadol, Flexeril, Omeprazole and Topical Methoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 50mg x 90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Page(s): 79-80.

Decision rationale: The CAMTUS has extensive guidelines regarding opioid use and ongoing management. In reviewing the sections related to discontinuing and continuing opioids, the patient must demonstrate functional improvement and improvement of pain. This patient is

actually working full duty on the tramadol. Progress notes support use of his current medical regimen, documenting pain level. There is no documentation of aberrancies related to medication use or significant side effects, but there is no documentation that these issues are actively investigated either. However, the criteria for continuation appears to have been met per the chronic pain guidelines, largely because his pain is controlled and he is functional, working full duty. I recommend overturning the denial of tramadol. Future documentation should more explicitly align with the ongoing management principles outlined in the treatment guidelines.

Retrospective Flexeril 10mg x 30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: Per the CAMTUS chronic pain guidelines, non-sedating muscle relaxants are recommended, with caution, as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. With most low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Evidence does not support chronic use. Dosing is 5-10 mg three times a day. It is not recommended to be used longer than 2-3 weeks. This request is for at least three months. It is not deemed medically necessary, and the denial for it is upheld.

Retrospective Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The documentation reviewed indicates that this man has a history of gastritis. There is no documentation, however, of an NSAID being prescribed. The CAMTUS, chronic pain guidelines address PPI use in the context of NSAID use only. Omeprazole is not medically necessary for use under this claim, and the request is denied.

Retrospective Mentherm Topical x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: WebMD - Mentherm Topical <http://www.webmd.com/drugs/2/drug-151934/mentherm-topical/details>

Decision rationale: Per WebMD, Mentherm topical is composed of menthol and methyl salicylate. The chronic pain guidelines of the MTUS state that topical analgesics are largely experimental - few randomized controlled trials have been completed to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There are certain topical medications that are approved. However, any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Potentially approved medicines include topical diclofenac, lidocaine, and capsaicin. Mentherm contains none of the recommended topicals, and is hence not considered medically necessary. Its denial is upheld.