

Case Number:	CM14-0172824		
Date Assigned:	10/23/2014	Date of Injury:	03/28/2011
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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, has a subspecialty in Nephrology 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:

Patient is a 46-year-old male who has submitted a claim for lateral epicondylitis, medial epicondylitis, diabetes, and history of gastritis associated with an industrial injury date of 3/28/2011. Medical records from 2014 were reviewed. Patient complained of right elbow pain aggravated by cold weather. Pain was described as burning, constant, and radiating to the right shoulder with tightness. Patient likewise complained of gastric reflux with noted improvement upon intake of omeprazole. He also had unspecified gastric protective medication from his primary care physician. Patient had symptoms of depression secondary to stress since the injury and unemployment. Physical examination showed tenderness at the lateral epicondyle. Crepitus was noted at the right elbow. Tinel's sign was unremarkable. Treatment to date has included heat therapy, use of a transcutaneous electrical nerve stimulation (TENS) unit, and medications such as tramadol, topiramate, omeprazole, and topical cream (since April 2014). Utilization review from 10/1/2014 denied the request for retrospective tramadol ER 150mg #60 because of lack of pain relief and functional improvement from medication use; denied retrospective topiramate 100mg #60 because of no documentation concerning trial and failure of other anticonvulsant therapy; denied retrospective omeprazole 20mg #60 with 2 refills because patient did not have intermediate risk of gastrointestinal event; and denied retrospective Methoderm gel because of no documentation concerning failure of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

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: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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, patient has been on tramadol since April 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. The present request as submitted likewise failed to indicate the date of service for this retrospective review. Therefore, the request for retrospective tramadol ER 150mg #60 is not medically necessary.

Retrospective Topiramate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17-18, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: As stated on pages 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses. In this case, patient has been complaining of chronic low back pain radiating to the right lower extremity. He has been on topiramate since April 2014 for neuropathic pain. However, there is no documentation concerning pain relief and functional improvement derived from its use. The present request as submitted likewise failed to indicate the date of service for this retrospective review. Therefore, the request for retrospective topiramate 100mg #60 is not medically necessary.

Retrospective Omeprazole 20mg #60 with 2 refills: Upheld

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

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

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for nonsteroidal anti-inflammatory drugs

(NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of Acetylsalicylic Acid (ASA), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since April 2014 for gastric reflux. He reported symptom relief upon medication use. However, he also had a simultaneous intake of unspecified gastric protective medication from his primary care physician. Information concerning the adjuvant drug is essential to determine the medical necessity of continuing PPI prescription. The present request as submitted likewise failed to indicate the date of service for this retrospective review. Therefore, the request for Retrospective Omeprazole 20mg #60 with 2 refills is not medically necessary.

Retrospective Methoderm Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Methoderm gel contains methyl salicylate and menthol. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, Methoderm gel is prescribed as adjuvant therapy to oral medications. However, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There is no compelling indication for this request. Therefore, the request for retrospective Methoderm gel is not medically necessary.