

Case Number:	CM14-0178279		
Date Assigned:	10/31/2014	Date of Injury:	05/19/2014
Decision Date:	12/08/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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:

This injured worker is a male with date of injury 5/19/2014. Per primary treating physician's progress report dated 9/29/2014, the injured worker complains of constant headache, rated 8/10, and constant neck pain radiating to the left upper extremity rated 7/10. He denies side effects with oral medications. Pain without medications is rated 8/10. Topical patches help decrease pain, increase sleep, decrease oral medications and increase ability to complete chores. He states he has occasional chest pain on the left. On examination cervical range of motion is flexion 40, extension 40, right lateral flexion 30, left lateral flexion 30, right rotation 60 and left rotation 60. There is tenderness of the cervical spine, tenderness of the trapezius muscles with spasms. Bilateral upper extremity sensation is decreased at C6. Diagnoses include 1) cervical disc protrusion 2) cervical disc degeneration 3) cervical spondylosis 4) cervical spinal stenosis 5) cervical radiculopathy 6) adjustment disorder 7) insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

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

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended when using Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The request for Omeprazole 20mg #60 is determined to not be medically necessary.

1 Tube of Methoderm Gel 120 Grams: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals section, Topical Analgesics section Page(s): 104, 111-113.

Decision rationale: Methoderm gel contains Salicylate and Menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The injured worker is reportedly experiencing benefit from the use of methoderm gel. The request for 1 Tube of Methoderm Gel 120 Grams is determined to be medically necessary.

Tramadol 150 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no objective evidence that the injured worker has functional improvement from the use of tramadol, a reduction in pain or improvement in quality of life. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 150 MG #60 is determined to not be medically necessary.

Terocin Patches #20: 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 section Page(s): 111-113.

Decision rationale: Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4%, and lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The injured worker reportedly experiences benefit from the use of Terocin Patch, however, there is no indication that he has failed treatments of antidepressants and anticonvulsants. It is also not clear that the injured worker is experiencing neuropathic pain. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Medical necessity of this request has not been established within the recommendations of the MTUS guidelines. The request for Terocin Patches #20 is determined to not be medically necessary.