

Case Number:	CM14-0021848		
Date Assigned:	05/07/2014	Date of Injury:	12/17/2007
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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 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:

The applicant has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of December 17, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and reported return to regular work as an accountant. A November 6, 2013 progress note was notable for comments that the applicant was working on a full-time basis as an accountant. The applicant reported pain ranging from 6 to 8/10. The applicant was apparently dancing and doing other home exercises. The applicant was using an ankle brace from time-to-time. The applicant was hypertensive. The applicant had reportedly gained 25 pounds, reportedly compounding her foot and ankle pain complaints. Additional physical therapy and multiple medications were reviewed, including extended release tramadol, diclofenac, Flexeril, Prilosec, LidoPro, and Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM) Page(s): 78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has successfully returned to work, as an accountant. The attending provider has posited that the applicant is able to maintain appropriate performance of activities of daily living. The applicant is apparently dancing and doing other forms of home exercises. On balance, then, it does appear that the applicant meets criteria for continuation of tramadol. Accordingly, the request is medically necessary.

DICLOFENAC 100MG, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as diclofenac do represent the traditional of first line of treatment for various chronic pain conditions. In this case, the applicant has responded favorably to the earlier treatment. The applicant has returned to regular work. The applicant is able to maintain appropriate performance of activities of daily living with ongoing medication usage. Therefore, continuing diclofenac is indicated, appropriate, and medically necessary.

PROTONIX 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton-pump inhibitors in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file does not clearly establish the presence of any active symptoms of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand alone. The attending provider seemingly wrote on multiple progress notes provided that Protonix is being employed to treat stomach upset with medications. However, the attending provider did not state which medication or medications were generating stomach upset. The attending provider did not state whether these symptoms were ameliorated through ongoing usage of Protonix. The attending provider did not, in short, provide any evidence that ongoing usage of Protonix had been efficacious in alleviating the applicant's symptoms of dyspepsia. There is no mention or discussion of how effective Protonix was here. There was no discussion on whether or not the applicant still had ongoing symptoms of dyspepsia despite usage of Protonix. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent on

the attending provider to incorporate efficacy of medication into his choice of recommendations. In this case, however, there was no discussion of efficacy, as noted previously. Therefore, the request for Protonix is not medically necessary.

TEROCIN PATCHES #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is noted that the applicant's seemingly successful usage of first-line oral Voltaren and oral tramadol effectively obviates the need for the topical compounded drug in question. Therefore, the request is not medically necessary.

LIDOPRO OINTMENT 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Again, the MTUS Guideline in ACOEM Chapter 3, page 47, deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical drugs such as LidoPro. As with the other topical compound, the applicant's seemingly successful usage of first-line oral diclofenac and tramadol effectively obviates the need for the LidoPro ointment in question. Therefore, the request was not medically necessary.