

Case Number:	CM14-0021929		
Date Assigned:	05/09/2014	Date of Injury:	06/09/2007
Decision Date:	07/10/2014	UR Denial Date:	01/29/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 42 year old male who sustained an injury to his right wrist on 06/09/07. It is reported that he sustained a fracture. Records indicate the injured worker continues to have chronic wrist pain for which he is treated by oral medications. The clinical records indicate the injured worker receives prescriptions for Tramadol, Mentherm cream 120mL, and Omeprazole 20mg. These drugs were denied on a prior utilization review determination dated January 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRAMADOL 50MG #180 BETWEEN 1/6/2014 AND 1/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: Tramadol 15mg #180 is not supported as medically necessary. The submitted clinical records indicate the injured worker has chronic right hand/wrist pain post-fracture. The records provide no data that clearly establishes that this medication is efficacious for the injured worker as outlined by the Chronic Pain Medical Treatment Guidelines. Further,

there is no indication given the chronicity of the use that there is a signed pain management contract or routine urine drug screening occurs to establish compliance. As such, the injured worker would not meet criteria for continued use of opiate medications.

1 MENTHODERM CREAM 120ML #2 BETWEEN 1/6/2014 AND 1/6/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The request for Mentherm cream 120mL #2 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic right hand/wrist pain. The record provides no information regarding the use of this cream. There is no information which establishes that this cream is efficacious in the control of the injured worker's pain. Further, CA MTUS notes that topical analgesics are largely considered experimental and investigational due to the lack of peer reviewed literature establishing the efficacy of these topical medications.

1 OMEPRAZOLE 20MG #120 BETWEEN 1/6/2014 AND 1/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for Omeprazole 20mg #120 is not supported as medically necessary. The records indicate the injured worker has chronically been maintained on oral medications. There is no evidence in the submitted clinical notes establishing that the injured worker has medication induced gastritis for which this product would be indicated. As such, the medical necessity for the continued use of this medication has not been established under the Chronic Pain Medical Treatment Guidelines or Official Disability Guidelines (ODG).