

Case Number:	CM14-0027075		
Date Assigned:	06/13/2014	Date of Injury:	06/20/2007
Decision Date:	07/17/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Interventional Spine 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 patient is a 65-year-old female with a date of injury of 06/20/2007. The listed diagnoses are: 1. Myalgia/myositis; 2. Lumbar sprain; 3. Wrist sprain; 4. Neck sprain; 5. Headache. According to 11/14/2013 progress report by [REDACTED] the patient continues to have recurrent severe major depression without psychotic features. There is no physical examination or list of current medication regimen noted. Progress report 10/16/2013 indicates the patient has anxiety, depression, insomnia, excessive worry, fatigue, and irritability. Patient was also noted to have anger symptoms and difficulty with attention and concentration. Report notes, "Patient now believes she needs hospitalization for depression. Medications are reviewed with no reported benefit." Progress reports from August, September, and October report similar findings with no physical examination and no list of current medication. This request is for Flector patches 1.3% #60, lansoprazole 30 mg DR #30, and tramadol HCl 50 mg #60. The utilization review administrator deemed the requests not medically necessary on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 1.3% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with recurrent severe major depression and has a diagnosis of lumbar, wrist, and neck sprain. The request is for Flector patches 1.3% #60. The MTUS Guideline has the following regarding topical creams page 111 under to topical pain section, "for non-steroidal antiinflammatory agents, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are short and small of duration. Topical NSAIDS have been shown at Meta Analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical cream." In this case, the patient does not meet the indication for this topical medication, as she does not present with any osteoarthritis or tendinitis symptoms. The request is not medically necessary.

LANSOPRAZOLE 30MG DR #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: This patient presents with recurrent severe major depression and has a diagnosis of lumbar, wrist, and neck sprain. The request is for lansoprazole 30 mg DR #30. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The medical file including progress reports from 08/27/2013 to 11/14/2013 provides no discussion as to why this medication is being prescribed. Furthermore, the treater does not document dyspepsia or any GI issues and the patient is not noted to be taking any NSAIDs. The request is not medically necessary.

TRAMADOL HCL 50MG #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, long-term assessment Page(s): 88-89.

Decision rationale: This patient presents with recurrent severe major depression and has a diagnosis of lumbar, wrist, and neck sprain. The request is for tramadol HCl 50 mg #60. MTUS guideline pg 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic

pain. None of the progress reports from 08/27/2013 through 11/14/2013 discuss this medication and there is no request for authorization. It is unclear if the treater is attempting to initiate this medication or if the patient has been taking it prior to this request. In any case, the reports provided for review have no discussion on physical pain, only psychological assessments and discussion. Given the lack of discussion of pain and why this medication is being prescribed, the request is not medically necessary.