

Case Number:	CM14-0029222		
Date Assigned:	06/20/2014	Date of Injury:	06/11/1999
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/07/2014

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 Pain Medicine 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 52-year-old male with a reported injury on 06/11/1999. The mechanism of injury was described as a fall. The clinical note dated 09/17/2013 reported that the injured worker complained of neck, bilateral shoulders, low back, and bilateral knee pain. The physical examination was not provided within clinical documentations. The injured worker's diagnoses included left wrist sprain, postoperative arthroscopy for internal derangement; left rotator cuff tendonitis with impingement syndrome; overuse syndrome right upper extremity, mild; degenerative disc disease lumbar spine; bilateral knee pain secondary to chondromalacia of the patella; bilateral mild acromioclavicular arthritis; left wrist surgery and cyst removal on 08/14/1998; sinus surgery approximately 1992; and cholecystectomy in 2002. The provider requested tramadol, Medrox cream, and Protonix; the rationales for the requested medications were not provided within clinical documentation. The Request for Authorization was submitted on 02/14/2014. The injured worker's prior treatments include Functional Capacity Evaluation on 08/29/2011 and again on 01/03/2012; physical therapy from 09/2011 to 10/2011, with 'good' progression. The injured worker also had sessions of acupuncture therapy, the injured worker verbalized it did not help.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60, WITH FIVE (5) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The injured worker complained of neck, bilateral shoulders, low back, and bilateral knee pain. The treating physician's rationale for tramadol was not provided within the clinical documentation. The Chronic Pain Guidelines indicate that tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of clinical information provided documenting the efficacy of tramadol as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requested provider did not specify the utilization frequency of the medication being requested. In addition, the request with five (5) refills is excessive for concurrent medical treatment. As such, the request is not medically necessary.

ONE (1) MEDROX CREAM 120 GRAMS, WITH FIVE (5) REFILLS: 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 & 112.

Decision rationale: The injured worker complained of pain in the neck, shoulders, low back and knees. The requesting provider did not indicate rationale in clinical documentation. The Chronic Pain Guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Medrox cream contains methanol 7%, capsaicin 0.0375%, and methylsalicylate 20%. The specific percentages of methanol and capsaicin tend to vary depending on resource being quoted. The treating provider did not indicate the exact percentage of methanol or capsaicin, which was in the Medrox cream being requested. The guidelines specifically state that there is no current indication that the increase over a 0.025% formulation would provide any further efficacy, thus, the guidelines do not recommended 0.0375% capsaicin. Furthermore, the requested provider did not specify the utilization or frequency or the location the application of the medication being request. In addition, the request for five (5) refills is excessive for concurrent medical treatment. As such, the request is not medically necessary.

PROTONIX 40MG #60, WITH FIVE (5) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Chapter: Pain (Chronic), Proton pump inhibitors (PPIs).

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

Decision rationale: The injured worker complained of neck, shoulders, low back, and bilateral knee pain. The treating physician's rationale for Protonix was not indicated in clinical documentation. The Chronic Pain Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of non-steroidal anti-inflammatory drugs (NSAIDs) and a history of peptic ulcers. There is also a risk with long-term of PPI (> 1 year), which has been shown to increase the risk of hip fracture. There is a lack of clinical information provided indicating the injured worker has gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used Protonix, the guidelines identify increased risk of hip fracture with long term usage of PPIs. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Therefore, the request is not medically necessary.