

Case Number:	CM14-0029494		
Date Assigned:	06/20/2014	Date of Injury:	09/06/2012
Decision Date:	07/17/2014	UR Denial Date:	03/01/2014
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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 injured worker is a 36 y/o male with date of injury 9/6/12 with related right knee injury. Per 2/25/14 report, the injured worker localized his pain to the anterior medial aspect of the knee. He rated it as 8/10 in intensity. He described it as sharp, aggravated with extending, walking, and standing with squatting activities. MRI of the right knee dated 10/30/12 revealed small joint effusion, no MR evidence of internal derangement. He has been treated with injections, physical therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: One (1) prescription of Tramadol 50 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Utram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 76, 93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system indicated for moderate to severe pain. Per MTUS Chronic Pain Medical Treatment Guidelines pg.76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely

to improve? (c) Is there likelihood of abuse or an adverse outcome?" The documentation submitted for review indicates that the injured worker was previously maintained with ibuprofen 600mg and had failed physical therapy, per report dated 2/24/14, his pain was rated at 8/10 in intensity. I respectfully disagree with the UR physician's assertion that there was no evidence of functional improvement with this medication, as it is a new trial of, there would have been no evidence of improvement documented. The request is medically necessary.

Retrospective Request: One (1) prescription of Omeprazole 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs); Gastrointestinal symptoms and cardiovascular risks.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g. ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" As there is was no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events was low, as such, medical necessity cannot be affirmed.

Retrospective Request: One (1) prescription of Lidopro cream 4ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

Decision rationale: LidoPro contains capsaicin, Lidocaine, menthol, methyl salicylate. Per MTUS p 112 with regard to capsaicin, "Indications: There are positive randomized studies with

capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. "Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)."However, the other ingredients in LidoPro are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Regarding topical Lidocaine, MTUS states (p112) "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995). " LidoPro topical lotion contains menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS pg. 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.