MAXIMUS Federal Services

Case Number:	CM14-0035658		
Date Assigned:	06/23/2014	Date of Injury:	05/28/2013
Decision Date:	09/11/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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:

This claimant is a 60-year-old female with a 5/28/13 date of injury. When the patient was walking to work in the morning, she tripped and felt a sudden face contusion and knee contusion as well as thoracic sprain and radiating symptoms into the upper and lower extremities. According to a report dated 10/29/13, the patient complained of persistent pain in both knees that is aggravated by squatting, kneeling, ascending and descending stairs, and prolonged standing and walking. Objective findings were listed as tenderness in the anterior joint line space of bilateral knees, positive patellar grind test noted, no signs of instability, and McMurray's is slightly positive. The diagnostic impression was cervicalgia and rule out internal derangement bilateral knees. Treatment to date has included medication management, activity modification, and physical therapy. A UR decision dated 3/6/14 denied the requests for Naproxen, Ondansetron, Omeprazole, Tramadol, and Terocin Patches. The most recent evaluation report submitted for review is dated 10/29/13, which is almost a year old. There is no more recent medical document describing the claimant's current pain complaints and medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, though they may be useful to treat breakthrough pain. The most recent report provided for review was dated 10/29/13, more than 4 months prior to the 3/16/14 date of the UR decision. There is no documentation that the patient is currently taking Naproxen, and it not possible to determine the patient's functional improvement from the use of Naproxen. Therefore, the request for Naproxen Sodium 550 mg #100 is not medically necessary.

Ondansetron ODT 8MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain Procedure Summary & Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ondansetron).

Decision rationale: The California MTUS and the Official disability Guidelines (ODG) do not address this issue. The FDA states that Ondansetron is indicated for the prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. The most recent report provided for review was dated 10/29/13, more than 4 months prior to the 3/16/14 date of the UR decision. There is no documentation that the patient is currently taking Ondansetron. There is no documentation as to the intended purpose of Ondansetron for this patient. Therefore, the request for Ondansetron ODT 8 mg #60 is not medically necessary.

Omeprazole DR 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and the FDA (Prilosec).

Decision rationale: The MTUS and the FDA support the use of proton pump inhibitors (PPI) in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, or erosive esophagitis, or in patients utilizing chronic NSAID therapy. Prilosec is a PPI used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates to the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in

treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. The most recent report provided for review was dated 10/29/13, more than 4 months prior to the 3/16/14 date of the UR decision. There is no documentation that the patient is currently taking Omeprazole DR 20 mg #120. There is no documentation as to the intended purpose of Omeprazole for this patient. Therefore, the request for Omeprazole DR 20 mg #120 is not medically necessary.

Tramadol HCL ER 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The most recent report provided for review was dated 10/29/13, more than 4 months prior to the 3/16/14 date of the UR decision. There is no documentation that the patient is currently taking Tramadol. There is no documentation of functional improvement or improved activities of daily living resulting from her Tramadol use. In addition, there is no documentation of the lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screening, or CURES monitoring. Therefore, the request for Tramadol ER 150 mg #90 is not medically necessary.

Terocin patch #30: 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): 112. Decision based on Non-MTUS Citation online resource http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical Lidocaine in the formulation of a dermal patch has been designated for Orphan status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica). The most recent report provided for review was dated 10/29/13, more than 4 months prior to the 3/16/14 date of the UR decision. There is no documentation that the patient is currently utilizing Terocin patches. In addition, there is no documentation as to where the patch

is to be applied, how often, or the duration for which the patch will be left on. Therefore, the request for Terocin patch #30 is not medically necessary.