

Case Number:	CM14-0037671		
Date Assigned:	06/25/2014	Date of Injury:	11/23/2012
Decision Date:	09/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Internal 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 55 year old woman who had two industrial injuries involving slipping in 2012 and then a fall in 2013 that resulted in a ankle twisting injury initially and then right knee injury and pain. She has been treated with Naproxen with reported gastrointestinal (GI) intolerance. She has been on Omeprazole for a long period of time, at least since April 2013. In addition, she has been treated with opiates including Tramadol. The records of primary treating provider were reviewed, dating from April 2013 through Feb 2014. As per the most recent documentation, the patient had essentially unchanged knee and ankle / foot pain with findings on examination of positive McMurray's sign on the right and crepitus at end flexion of the knee. Further, the left ankle examination was unchanged. The request was for Omeprazole, Tramadol and Terocin patch, as mentioned below. There was no documentation going back to April 2013 of change in examination or symptoms. There was no documentation of risk assessment for opiate misuse or an objective measure of the patient's pain level and functional status with tramadol use. Of note, in the last three notations in December 2013, Jan 2014 and Feb 2014, the provider did not note any GI intolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed-release 20mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions Subsection - NSAIDs, GI symptoms and cardiovascular risk Page(s): 68 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: BS Anand et al. Endoscopy 31;215 (1999). Harrison's Principles of Internal Medicine, 18th Ed, McGraw Hill. 2010. Pg 2451.

Decision rationale: Per guidelines of the MTUS, Official Disability Guidelines and American College of Gastroenterology, proton pump inhibitors are indicated in individuals who are older than 65 years of age or have history of peptic ulceration or are on dual NSAID treatment (low dose aspirin for cardiovascular reasons is considered an NSAID). For short term treatment of gastroesophageal reflux, proton pump inhibitor treatment is appropriate. However, long term treatment without confirmation of the diagnosis is hazardous since peptic ulceration or Barrett's esophagus or a malignancy of the upper GI tract may be missed. The patient in this instance is not on dual NSAID therapy. She is not older than 65 years of age and does not have a history of peptic ulceration. The stated reason for using chronic PPI therapy is that she has medication intolerance with Naproxen and that PPI alleviate that discomfort. However, as indicated above, long term therapy without making an underlying diagnosis is not recommended by any professional organization or guideline or standard textbook of medicine. Further, if the patient is only taking Omeprazole on a PRN basis, up to two times a day, then 56 capsules are adequate for four weeks. It is not clear why 120 capsules have been prescribed for what is presumably a month's supply or four week supply. Since the provider is seeing the patient on an every four week basis, the need for 120 capsules with each prescription is not clear. Finally, the appropriate initial use of PPI is at the lowest dose that is effective, as enumerated in the guidelines (MTUS). The patient has not been tried on a single daily dose of Omeprazole, which is the recommended starting dose of this agent. Twice daily therapy as needed is not supported for this patient in the absence of an attempt to use a once daily dose. As such, the request for Omeprazole is not medically necessary

Tramadol Hydrochloride ER 150mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section - Opioids, Subsection - Opioids for chronic pain Page(s): 76-81.

Decision rationale: The provider has documented clearly and repeatedly that the patient's knee pain on the right and ankle pain on the left, as well as foot pain on the left are "essentially unchanged". As such, the ongoing use of Tramadol is not having any beneficial effect on the patient's clinical condition. Further, the duration of the patient's pain has far exceeded any reasonable period of recovery. Therefore, her diagnosis now is not only derangement of the knee or plantar fasciitis as the case may be, but rather chronic pain syndrome. The approach to chronic pain syndrome includes management of psychological factors, acupuncture, massage, biofeedback, physical therapy, NSAID, activity modification and anti-depressants or anti-epileptic agents. As these agents or modalities have not been utilized for the patient based on the

clinical record, the request for Tramadol therapy, which in any case is not having any benefit, is not supported. It is of note that the patient's pain is in the knee and ankle, suggestive of pain due to osteoarthritis or internal derangement, both of which are mechanical conditions and for those conditions, chronic opioid therapy is not indicated. For management of chronic pain, opiate use requires monitoring of risks, benefits, assessment of outcomes and pain relief in addition to functional improvements. None of these elements are provided in the medical record and therefore, the request for Tramadol is not supported by guidelines. As such, for the aforementioned reasons, the request for Tramadol is not medically necessary.

Terocin patch, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain chapter - Section on Topical analgesics Page(s): 111-112.

Decision rationale: Any product that contains non approved compounds formulated into a topical treatment is subject to non-certification due to direct guideline directions in this matter, referenced above. Although Capsaicin 0.025% topically has been shown to have beneficial effects in neuropathic and other forms of pain, the other components of Terocin patch including (non-dermal patch) Lidocaine and Menthol are not approved for topical use. Therefore, the request is not medically necessary.