

Case Number:	CM14-0048517		
Date Assigned:	06/25/2014	Date of Injury:	08/25/2010
Decision Date:	07/29/2014	UR Denial Date:	03/21/2014
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 Occupational 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 55 year old male injured on 08/25/10 due to an undisclosed mechanism of injury. Current diagnoses include status post lumbar spine fusion on 11/23/13 and right knee internal derangement/medial meniscal tear. Clinical documentation dated 03/12/14 indicates the injured worker presented complaining of ongoing pain in the low back with pins and needles sensation. The injured worker also complained of right knee pain rated at 7-8/10. The injured worker reports utilizing Norco and Omeprazole to decrease pain symptoms and reports of heartburn. The injured worker is currently undergoing acupuncture therapy. Physical examination revealed tenderness in the paraspinal musculature of the lumbar region without spasms present, decreased range of motion, slightly diminished sensation, weakness to the lower extremities bilaterally, and deep tendon reflexes 2/2 bilaterally. Treatment plan included a recommendation for ongoing use of Norco 10/325mg every 6-8 hours as needed, continuation of aquatic rehab, and ongoing evaluation. The initial request for Amitramadol-DM ultra cream #240 grams, Gabaketolido cream #240, and Omeprazole 20mg twice daily, as needed #100 was initially non-certified on 03/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRAMADOL-DM ULTRACREAM # 240 G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (CAMTUS), Food and Drug Administration, and Official Disability Guidelines (ODG) require that all components of a compounded topical medication be approved for transdermal use. This compound contains amitriptyline and tramadol which have not been approved for transdermal use. Therefore Amitramadol-DM Ultracream # 240 G cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

GABAKETOLIDO CREME # 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (CAMTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: gabapentin and ketamine which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Gabaketolido Creme # 240 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

OMEPRAZOLE 20 MG BID PRN, # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk, Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The injured worker complains of gastritis related symptoms in addition to utilizing longterm narcotic medication not on of the indicated medications . As such, the request for omeprazole 20 mg BID PRN, # 100 cannot be established as medically necessary.