

Case Number:	CM14-0054554		
Date Assigned:	07/07/2014	Date of Injury:	03/01/2013
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/23/2014

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 and is licensed to practice in Illinois. 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 33-year-old male who reported an injury on 03/01/2013. Prior therapies included physical therapy and chiropractic care. The injured worker underwent surgery for a right tibial shaft fracture. The mechanism of injury was a fall from work from scaffolding. The documentation of early 2013 additionally indicated that the injured worker was utilizing a Medrox patch and opiates and had failed trials of Neurontin and Elavil. The injured worker was utilizing an ankle brace. Additionally, the injured worker was noted to be utilizing trazodone and omeprazole as of mid-2013. The documentation of 03/27/2014 revealed that the injured worker continued with chiropractic therapy, which was helping. The injured worker indicated that the trazodone was helping him sleeping; however, he still had nightmares, low moods and dark, deep feelings of doom. The injured worker was noted to have complaints of pain in the right leg and ankle and pain in the neck, midback, low back and right leg with radiation to the right knee. The diagnoses included a fracture of the tibia and fibula as well as lumbago and cervicgia. The treatment plan included to continue chiro therapy and medications including Ultram ER 150 mg 1 by mouth daily as needed #30, omeprazole 20 mg twice a day as prescribed, trazodone for insomnia and mood stabilization and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 dispensed medicatin of Ultram ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The documentation indicated that the injured worker was utilizing opiates since early 2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for 1 dispensed medication of Ultram ER 150 mg #30 is not medically necessary.

Retrospective request for 1 dispensed medication of omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs), GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton-pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for 1 dispensed medication of Omeprazole 20 mg #60 is not medically necessary.

Retrospective request for 1 dispensed medication of trazodone 50 mg #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 (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement, to include an assessment of the changes in the use of other analgesic medications and sleep quality and duration as well as psychological assessments. The clinical documentation submitted for review indicated that the trazodone

helped with sleep; however, the injured worker still had nightmares, low moods and dark, deep feelings of doom. The duration of use was at least 6 months. The clinical documentation failed to indicate sleep quality. There was a lack of documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for 1 dispensed medication of trazodone 50 mg #60 is not medically necessary.

Retrospective request for 2 boxes dispensed of Terocin patch Menthol 5% Lidocaine 4%:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Lidocaine Page(s): 105,111,112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS Guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The California MTUS Guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review indicated that the injured worker had failed a trial of antidepressants and anticonvulsants. The clinical documentation indicated that the injured worker had utilized the medication for greater than 6 months. The objective benefit of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication and there was a lack of documentation of exceptional factors to warrant nonadherence to the guideline recommendations. Given the above, the retrospective request for 2 boxes dispensed of Terocin patches, menthol 5% / lidocaine 4% is not medically necessary.