MAXIMUS Federal Services

Case Number:	CM14-0058357		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2011
Decision Date:	09/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 patient is a 51 year-old female with date of injury 04/01/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/25/2014, lists subjective complaints as low back and knee pain. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and decreased range of motion due to pain. Examination of the left knee revealed tenderness to palpation and decreased range of motion due to pain along with instability. Diagnosis: 1. Lumbalgia, 2. Lumbar sprain/strain, 3. Knee strain/sprain and 4. Hip or thigh strain. The medical records supplied for review document that the patient had first been prescribed the following medication on 09/24/2013, but the initial request was denied. There was no SIG provided for the following medications such as Omeprazole 20mg, #60, Cyclobenzaprine 705mg, #60, Topiramate 50mg, #60, Tramadol 50mg, #90 and Menthoderm 4oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Therefore the request is not medically necessary.

Cyclobenzaprine 705mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants - Cyclobenzaprine Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. Medical record indicates that the patient has been taking Flexeril for many months, much longer than the time recommended by the MTUS. Therefore the request is not medically necessary.

Topiramate 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications, Topiramate Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

Decision rationale: Topiramate (brand name Topamax) is an anticonvulsant (antiepilepsy) drug. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. There is no documentation of any of the above criteria. Therefore the request is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Therefore this request is not medically necessary.

Menthoderm 4 oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The Menthoderm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Menthoderm Gel. Therefore the request is not medically necessary.