

<b>Case Number:</b>	CM14-0060164		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 47-year-old male who reported a repetitive motion injury on 01/29/2014. The clinical note dated 06/02/2014 indicated diagnoses of right knee sprain/strain, right ankle sprain/strain, right ankle tenosynovitis, heel spur, left ankle sprain/strain, left ankle tenosynovitis, and loss of sleep. With standing, walking, and kneeling, the injured worker reported the pain was rated 2/10, relieved from acupuncture. The injured worker reported activity-dependent left knee pain, achy, associated with standing, walking, and kneeling, rated 2/10. He reported constant right ankle pain rated 2/10 and left ankle pain rated 1/10. The injured worker reported loss of sleep due to pain and reported he took Hydrocodone last night to assist with sleep. On physical exam of the right knee, the injured worker utilized crutches. He had decreased range of motion with pain; flexion was 130-140 degrees and extension was zero degrees. The injured worker had tenderness of the anterior knee with muscle spasms of the anterior knee, and the McMurray's caused pain. He had swelling to the left knee. The range of motion was decreased and painful, with flexion 130-140 degrees, and extension was zero. There was tenderness to palpation of the anterior knee with muscle spasms of the anterior knee. The injured worker's right ankle had slight inflammation with painful range of motion and tenderness to palpation. The anterior drawer caused pain. The left ankle had swelling with painful range of motion and tenderness of the anterior ankle with the anterior drawer causing pain. The injured worker's prior treatments included diagnostic imaging and medication management. His medication regimen included Condrolite, Hydrocodone, Omeprazole, Naproxen, Cyclobenzaprine, and topical creams as well. The provider submitted requests for Ondansetron, Sumatriptan, and topical creams. A request for authorization was not submitted for review for the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Omeprazole 20mg, quantity: 60, is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors (PPIs) if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs (non-steroidal anti-inflammatory drugs), and/or a history of peptic ulcers. There is also a risk with long-term utilization of PPI (greater than 1 year); it has been shown to increase the risk of hip fracture. The documentation submitted did not describe findings that would indicate he was at risk for gastrointestinal bleeding, perforations, or peptic ulcers. It was indicated the injured worker was prescribed narcotics and Naproxen; however, there was lack of documentation of efficacy of, and functional improvement with, the use of this medication. In addition, the request did not indicate a frequency for the medication. Therefore, the request is not medically necessary or appropriate.

**Ondansetron 8 mg QTY: 10: 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), Pain Chapter, Antiemetics (for opioid nausea).

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

**Decision rationale:** The request for Ondansetron 8 mg, quantity: 10, is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. The documentation submitted did not describe findings that would indicate the injured worker was at risk for nausea or vomiting. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the provider did not indicate a rationale for the request, nor was there an indication of the intended frequency for this medication. Therefore, the request is not medically necessary.

**Sumatriptan 50 mg QTY: 9: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

**Decision rationale:** The request for Sumatriptan 50 mg, quantity: 9, is not medically necessary. The Official Disability Guidelines recommend Triptans for migraine sufferers. At marketed doses, all oral Triptans, including Sumatriptan (brand name Imitrex) are effective and well tolerated. Differences among them are, in general, relatively small, but clinically relevant for individual patients. A poor response to one Triptan does not predict a poor response to other agents in that class. The documentation submitted did not describe findings that would suggest the injured worker was at risk for migraine. In addition, the provider did not indicate a rationale for the request, nor was there an indication of the intended frequency for this medication. Therefore, the request is not medically necessary.

**Topical Flurbiprofen 20%/ Tramadol 20%/ in Mediderm Base, 240 gm, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Topical NSAIDS, & Tramadol Page(s): 72; 111; 82.

**Decision rationale:** The request for Topical Flurbiprofen 20%/ Tramadol 20%/ in Mediderm Base, 240gm, quantity: 1 is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, and it is not recommended as a first-line therapy. The California MTUS does not specifically address opioid analgesics in topical formulations; but any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Salicylates are recommended. It was not documented that the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated how long the injured worker had utilized this medication. Furthermore, there was a lack of documentation of efficacy and functional improvement with the use of this medication, nor was there an indication of the intended frequency for this medication, nor was there an indication of the intended frequency for this medication. Therefore, the request is not medically necessary.

**Topical Gabapentin 10 % / Dextromethorphan 10% / Amitriptyline 10% in Mediderm Base, 240gm, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

**Decision rationale:** The request for Topical Gabapentin 10 % Dextromethorphan 10%/ Amitriptyline 10% in Mediderm Base, 240gm, quantity: 1 is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Specifically regarding topical gabapentin, guidelines state it is not recommended. There is no peer-reviewed literature to support use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.