

Case Number:	CM14-0060866		
Date Assigned:	07/09/2014	Date of Injury:	01/09/2003
Decision Date:	09/17/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation and Pain 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 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 48-year-old female who reported an injury on 01/09/2003. The mechanism of injury was not provided. On 07/08/2014, the injured worker presented with numbness and tingling in the left hand with pain. She also has complaints of the right elbow, right forearm, and low back pain. Upon examination, there was diminished sensation to the right lateral shoulder, right thumb tip, right long tip, and right small tip. The diagnoses were right upper extremity chronic regional pain syndrome and status post permanent spinal cord stimulator implant. Prior therapy included surgery and medications. The provider recommended tramadol topical, flurbiprofen, and omeprazole. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Expert Reviewer's decision rationale: The request for tramadol topical is not medically necessary. The California MTUS states many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants, and glutamate receptors. There was also no research to support the use of many of these agents. There was a lack of documentation of the efficacy of the prior use of the tramadol topical cream. Additionally, the provider's request does not indicate the dose, site, frequency, or quantity of the medication in the request as submitted. Additionally, the guidelines state that there is little to no research to support the use of topical opioids. The tramadol topical would not be warranted. As such, the request is not medically necessary.

Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The Expert Reviewer's decision rationale: The request for flurbiprofen is not medically necessary. The California MTUS state that all NSAIDs are associated with a risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with individual treatment goals. There was a lack of evidence in the medical records provided of a completed adequate pain assessment, and the efficacy of the prior use of the medication. Additionally, the provider's request does not indicate the dose, frequency, or quantity of the medication. As such, the request is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Expert Reviewer's decision rationale: The request for omeprazole is not medically necessary. According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. There was a lack of documentation that the injured worker is at moderate to high risk for

gastrointestinal events. Additionally, the injured worker does not have a diagnosis congruent with the guideline recommendations of a proton pump inhibitor. The efficacy of the prior use of the medication has not been provided. The provider's request for Omeprazole does not indicate the dose, quantity, or frequency of the medication. As such, the request is not medically necessary.