MAXIMUS Federal Services

Case Number:	CM14-0071219		
Date Assigned:	07/14/2014	Date of Injury:	07/03/2013
Decision Date:	10/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 40-year-old male with an injury date of 07/03/2013. Based on the 05/06/2014 progress report, the patient complains of having neck pain, back pain, left lower extremity pain, and is post open reduction internal fixation. The 04/30/2014 progress report also indicates that the patient had left wrist pain with decreased grip strength. Upon examination, spasm, tenderness, and guarding are noted in the paravertebral musculature of the cervical lumbar spine with decreased range of motion. There is also decreased sensation over the C6 and L5 dermatomes bilaterally. The patient is ambulating with an antalgic gait and is currently on total and temporary disability. The 07/24/2014 CT of the left knee post arthrogram reveals the following:1. Postsurgical changes related to lateral tibial plateau internal fixation with healed fracture.2. Linear fissure of the lateral tibial plateau articular cartilage, extending to the cortex.3. No evidence of meniscal tear is seen.4. Linear fissure of the patellar affects articular cartilage.The 07/24/2014 MRI of the left hand reveals the following:1. Mild soft tissue edema of the volar aspect of the hand.2. Small nonspecific erosion of the 2nd metacarpal head and subchondral cyst involving the 3rd metacarpal head, most likely related to degenerative changes.The 07/24/2014 MRI of the left wrist reveals the following:Tear of the radial attachment of the triangular fibrocartilage.Mild degenerative changes at the 1st carpometacarpal joint.Synovial edema of the dorsum of the wrist, which is most likely posttraumatic. The patient's diagnoses include the following: 1) cervical radiculopathy 2) thoracic or lumbosacral neuritis or radiculitis, not otherwise specified 3) sprains and strains of shoulder and upper arm, not otherwise specified 4) sprains and strains of thoracic region.The utilization review determination being challenged is dated 05/06/2014. Treatment reports are provided from 01/22/2014 - 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines- Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. PrilosecÂ® (omeprazole), PrevacidÂ® (lansoprazole) and NexiumÂ® (esomeprazole magnesium) are PPIs. Omeprazole provides a statistically significantly greater acid control than lansoprazole. (Miner, 2010) Healing doses of PPIs are more effective than all other therapies, although there is an increase i

Decision rationale: Based on 04/30/2014 progress report, the patient complains of having left wrist pain and lower back pain. The request is for omeprazole 20 mg #90. The report with the request was not provided. There was no discussion provided as to what omeprazole has done for the patient or when the patient began taking omeprazole. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treater has not documented any gastrointestinal symptoms for this patient. Routine use of PPI for prophylaxis is not supported without GI assessment. The request is not medically necessary.

Terocin patch #10: Upheld

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

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

Decision rationale: Based on the 04/30/2014 progress report, the patient complains of having left wrist pain and lower back pain. The request is for Terocin patch #10. The report with the request was not provided. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS for topical lidocaine states, "Indication: neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI, antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." In this case, the treater does not indicate where these patches will be applied to, or if they will be used for neuropathic pain. Based on the patient's diagnosis, there is no neuropathic pain that is peripheral and localized. The request is not medically necessary.

Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 88, 89.

Decision rationale: Based on the 04/30/2014 progress report, the patient complains of having left wrist pain and lower back pain. The request is for tramadol 150 mg #60. The report with the request was not provided. There was no discussion provided as to how tramadol affects the patient, nor was there any indication of when the patient began taking tramadol. MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treater does not provide any discussion towards the patient's activities of daily living, adverse side effects, adverse behavior, or provide any pain scales. The request is not medically necessary.