

Case Number:	CM14-0088754		
Date Assigned:	07/23/2014	Date of Injury:	09/27/2002
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 records presented for review indicate that this 57 year-old individual was reportedly injured on September 27, 2002. The mechanism of injury is not disclosed. The most recent progress note, dated May 24, 2014 indicates that there are ongoing complaints of low back pain with radiating numbness and tingling, and insomnia. A physical examination was not identified on the progress note. Electrodiagnostic studies of the bilateral lower extremities performed on September 4, 2010 demonstrated evidence of a left-sided lumbar radiculopathy of the L5 nerve root. Previous treatment prescribed includes activity modifications, pharmacotherapy, physical therapy, and chiropractic therapy. A request had been made for Lidopro-ointment, omeprazole 20 mg, and tramadol/APAP 37.5/325#90 and was not certified in the pre-authorization process on June 6, 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO OINTMENT 121GM QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: This is a compounded preparation which includes capsaicin, lidocaine, menthol, and methyl salicylate. Menthol is not endorsed by the California MTUS for any of this claimant's compensable diagnosis. Furthermore, the guidelines only support the use of topical lidocaine for neuropathic pain that is failed to respond to first-line therapy including antidepressants/anti-epilepsy medicine. The clinical documentation does not indicate that the claimant has failed first-line therapy options. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Based on the information available, this topical compounded cream is not medically necessary.

OMEPRAZOLE 20MG QTY: 80.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not considered medically necessary.

TRAMADOL/ARAP 37.5/325MG QTY:90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93,94 AND 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 93, 94, 113.

Decision rationale: MTUS treatment guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. The medical record provides no documentation of failure to respond to first-line medication options for opioid therapy. Additionally, the record does not document evidence of objective improvement with this medication. Given the clinical presentation, date of injury, and lack of documentation of failure to respond to first-line pharmacotherapy, and opioid treatment, the request is not considered medically necessary.