MAXIMUS Federal Services

| Case Number: | CM14-0184595 | | |
|---|---|---|---|
| Date Assigned: | 11/12/2014 | Date of Injury: | 09/28/2005 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

## 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 Anesthesiologist, has a subspecialty in 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 60-year-old male who reported an injury on 09/28/2005. The mechanism of injury was not provided. Diagnoses included lumbosacral disc degeneration, thoracic sprain, lumbosacral neuritis, and unspecified myalgia/myositis. Past treatments included medications and TENS unit. On the clinical note dated 10/03/2014, the injured worker complained of chronic low back pain with radiation to the lower extremities rated 8/10. Physical examination indicated strength in the lower extremities was 5/5, reflexes were 1+, a positive straight leg raise test, and tightness of the low back, with tenderness to palpation noted over the thoracic and lumbosacral facet joints. Current medications included tramadol 37.5/325 mg, omeprazole 20 mg, and Dendracin 120mls. The injured worker stated the medication reduced pain by 80% or greater. The injured worker indicated no side effects with the use of omeprazole. The request was for tramadol 37.5/325 mg # 60, omeprazole 20 mg # 60, and Dendracin 120mls. The rationale for the request was for treatment of acute pain secondary to not receiving medications. The Request for Authorization Form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication RX, 9/11/14, Tramadol 37.5/325 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is a synthetic opioid affecting the central nervous system. The guidelines recommend weaning of medication versus abrupt discontinuation of medication. The requesting physician did not provide documentation of an adequate and complete pain assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of significant objective functional improvement with the medication. Additionally, the request did not indicate the frequency of the medication. Based on the documentation submitted for review, the injured worker does not meet the criteria for the requested service. As such, this request is not medically necessary.

**Medication RX, 9/11/14, Omeprazole 20 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

**Decision rationale:** The California MTUS Guidelines recommend the use of proton pump inhibitors (PPI) with the use of non-steroidal anti-inflammatory drugs (NSAIDs) if the patient is at a high risk for gastrointestinal (GI) events. The injured worker's medical records lacked documentation of a history of peptic ulcer, GI bleeding, or perforation. The medical records indicate the injured worker has no side effects with the use of omeprazole. The medical records indicate the injured worker has GI upset secondary to chronic medication use. There is a lack of documentation indicating the injured worker is prescribed NSAIDs. Additionally, the request did not indicate the frequency of the medication. Based on the documentation submitted for review, the injured worker does not meet the criteria for the requested service. As such, this request is not medically necessary.

**Medication RX, 9/11/14, Dendracin 120 mls:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** The California MTUS Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that any compounded product that contains at least 1 drug (or drugs class) that is not recommended is not recommended. Dendracin contains methyl salicylate/benzocaine/menthol. The guidelines state topical salicylates are significantly better

than placebo in chronic pain. However, there is a lack of documentation indicating the failure of antidepressants or anticonvulsants. Additionally, the injured worker's medical records lacked documentation of the efficacy of the current medication regimen to include pain rating and functional status. The request does not indicate the frequency, dosage, or application site of the medication. As such, this request is not medically necessary.