MAXIMUS Federal Services

Case Number:	CM14-0201674		
Date Assigned:	01/14/2015	Date of Injury:	06/24/2009
Decision Date:	03/03/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back and left knee pain reportedly associated with an industrial injury of June 24, 2009. In a Utilization Review Report dated October 3, 2014, the claims administrator denied a request for Naproxen, denied a request for Omeprazole, denied a request for Tramadol, denied a Gabapentin containing compound, denied a Ketoprofen containing topical compound, denied topical Lidocaine, and denied topical Lipoderm. The claims administrator referenced non-MTUS ODG Guidelines in its decision to deny Tramadol, despite the fact that the MTUS address the topic. The claims administrator suggested that several of the articles in question were dispensed on September 8, 2014 but did not discuss September 8, 2014 progress notes in its determination. The clinical summary provided was scant. The applicant's attorney subsequently appealed.In a December 29, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant was using Tylenol and Aleve; it was stated in one section of the note. In another section of the note, it was stated that the applicant was using Naproxen, Omeprazole, and Tramadol. The applicant's past medical history is negative. The applicant denied heartburn in the review of systems section of the note, it was acknowledged. The applicant was placed off of work, on total temporary disability, while Tramadol, Naproxen, and Omeprazole were continued, without any explicit discussion of medication efficacy. Lumbar epidural steroid injection was sought. The attending provider was asked to consult an orthopedic knee surgeon to determine the need for surgery.On August 4, 2014, the applicant again reported ongoing complaints of low back and knee pain. The applicant was, once again, placed off of work, on total temporary

disability. The applicant was again described as using Naproxen, Omeprazole, and Tylenol on this occasion. Once again, the applicant denied any issues with reflux or heartburn in the review of systems section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium, 550 mg. (quantity unspecified), 9/8/14: 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 Functional Restoration Approach to Chronic Pain Management, Anti-inflammatory Medications Page(s.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider simply refilled Naproxen and other medications on multiple prior office visits, referenced above, without any explicit discussion of medication efficacy. The fact that the applicant remained off of work, on total temporary disability, coupled with the fact that the applicant remained dependent on opioid agents such as Tramadol, however, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing use of Naproxen. Therefore, the request was not medically necessary.

Omeprazole 20 mg. (quantity unspecified), 9/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia on multiple progress notes, referenced above. In fact, the applicant explicitly denied issues with reflux, heartburn, or dyspepsia on several progress notes, referenced above, including on December 29, 2014 and on August 4, 2014. Therefore, the request was not medically necessary.

Tramadol HCL ER 150 mg. (quantity unspecified), 9/8/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Gabapentin 7% (quantity unspecified), 8/4/14: 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): page(s) 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ketoprofen 10% (quantity unspecified), 8/4/14: 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): (s) 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Lidocaine 5% (quantity unspecified), 8/4/14: 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 Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was/is no evidence of anticonvulsant adjuvant medications and/or anticonvulsant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of Lidocaine patches at issue. Therefore, the request was not medically necessary.

Lipoderm Base (quantity unspecified), 8/4/14: 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: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the Lipoderm compound at issue. Therefore, the request was not medically necessary.