

Case Number:	CM14-0204933		
Date Assigned:	12/17/2014	Date of Injury:	07/19/2014
Decision Date:	02/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 applicant is a represented [REDACTED] employee who has filed a claim for hand, wrist, knee, and leg pain reportedly associated with an industrial injury of July 19, 2014. In a Utilization Review Report dated November 28, 2014, the claims administrator denied several topical compounded medications, approved tramadol, approved Xanax, and denied Prilosec, partially approved a urinalysis, and approved an orthopedic followup visit. The claims administrator seemingly suggested that the applicant was pending knee surgery but nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines in favor of ACOEM. A November 11, 2014 progress note was also referenced in the determination. The applicant's attorney subsequently appealed. On said handwritten progress note of November 11, 2014, the applicant reported ongoing complaints of knee pain, moderate intensity, with ancillary complaints of foot and leg pain. The patient was not working and felt only a little better. The applicant was using tramadol twice daily, Xanax, and Prilosec. The note was extremely difficult to follow. Urine drug testing, medical transportation, topical compounds, tramadol, Xanax, and Prilosec were all renewed while the applicant was placed off of work, on total temporary disability. There is little to no discussion of medication efficacy. In a narrative report dated November 18, 2014, the applicant reportedly had a negative gastrointestinal review of systems. There is no mention of issues with reflux, heartburn, and/or dyspepsia. The applicant was apparently pending knee surgery on December 9, 2014. In a narrative report dated November 11, 2014, the applicant reported issues with knee and leg pain, foot pain, anxiety, depression, and insomnia. The applicant was using tramadol twice daily, Xanax at nighttime for severe insomnia, and Prilosec twice daily. Once again, there is no mention of issues with reflux,

heartburn, and dyspepsia. The applicant was again placed off of work, on total temporary disability. A topical compounded medication was again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical creams: Gabapentin, Ketoprofen, Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1,49; 47.

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 3, table 3-1, page 49, topical medications such as the creams at issue are deemed "not recommended." Here, the applicant's ongoing usage of what ACOEM Chapter 3, page 47 deems first line oral pharmaceuticals such as tramadol, furthermore, effectively obviated the need for the topical creams at issue. Therefore, the request was not medically necessary. Since this was not a chronic pain case as of the date of the request, November 11, 2014, ACOEM was referenced to invoke over the MTUS Chronic Pain Medical Treatment Guidelines. The fact that the applicant was pending potentially curative knee surgery also implies that ACOEM is a more appropriate selection than the MTUS Chronic Pain Medical Treatment Guidelines, as page 1 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the Chronic Pain Medical Treatment Guidelines are applicable in applicants who do not have plans for curative surgery.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Prilosec Medication guide.

Decision rationale: As with the preceding request, the MTUS Chronic Pain Medical Treatment Guidelines were not applicable to this subacute injury as of the date of the request, November 6, 2014. While the MTUS-adopted ACOEM Guidelines do not specifically address the topic of Prilosec, ACOEM Chapter 3, page 47 does stipulate that an attending provider should discuss the efficacy of the medication for the particular condition for which it is being prescribed. Here, the attending provider did not clearly state for what purpose Prilosec (omeprazole) was being prescribed. There was no mention of any active issues with reflux, heartburn, dyspepsia, duodenal ulcer disease, gastric ulcer disease, erosive esophagitis, pathological hypersecretory

conditions, etc., are present for which Prilosec would have been indicated, per the Food and Drug Administration (FDA). Therefore, the request was not medically necessary.

Urine analysis toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Opioids Chapter, Diagnostic and Monitoring section.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 397 does acknowledge that testing for usage of illicit drug or steroids can be considered if an applicant's presentation is suggestive, in this case, however, there was no mention of drug abuse and/or drug misuse being suspected here. It was not clearly stated why drug testing was being performed. The attending provider did not state what elements of the applicant's history were suggestive or potentially suggestive of drug abuse or drug misuse. The Third Edition ACOEM Guidelines Opioids Chapter further notes that it is important for the attending provider to decide which drug panel will provide the best assessment for a specific situation. Here, the attending provider did not clearly state which drug tests and/or drug panels he was testing for. It was not clearly stated whether the applicant was being tested 'for cause' or randomly. Therefore, the request was not medically necessary.