

Case Number:	CM14-0095210		
Date Assigned:	07/25/2014	Date of Injury:	05/14/1998
Decision Date:	01/23/2015	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/23/2014

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 Rehab and is licensed to practice in New York. 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 female who reported an injury on 05/14/1998. The mechanism of injury occurred when the injured worker was lifting a patient from the wheelchair to a mat and she felt a pop in her knee. The diagnoses included left knee tricompartmental osteoarthritis. The unofficial x-rays, dated 05/2014, revealed tricompartmental osteoarthritis, complete obliteration of the medial joint space, and mild varus deformity. The medications included a compound cream, Prilosec, Ultram, and tramadol. The injured worker had physical therapy. Prior surgeries included a left knee arthroscopy of an unknown dated. The objective findings dated 11/18/2014 of the left knee revealed a lack of full extension of 10 degrees and flexion of 100 degrees; stable to the varus and valgus stress; exquisite tenderness to palpation over the medial joint line; tenderness to palpation over the lateral joint line; patellofemoral crepitus was noted; and tenderness to palpation over the medial and lateral patellar facets. The treatment plan included request for a compound cream, Ultram, Prilosec, and tramadol. The Request for Authorization, dated 07/25/2014, was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Compound Cream (Ketoprofen/Baclofen/Lidocaine): Upheld

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

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

Decision rationale: The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized trials recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. The clinical notes did not indicate any functional pain measurements. The guidelines do not recommend the use of topical analgesics, stating that any compounded product that contains at least 1 drug that is not recommended is not recommended. As such, the request for prospective request for compound cream (ketoprofen/baclofen/lidocaine) is not medically necessary.

Prospective Request for Prilosec 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Page(s): 68.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. The clinical notes were not evident that the injured worker had a history of gastrointestinal events that included history of peptic ulcer or GI bleed or perforation. Given the above, the injured worker is not within the guidelines. As such, the request for Prospective Request for Prilosec 20mg is not medically necessary.

Prospective Request for Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal

events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear the injured worker is at risk for gastrointestinal events. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. The clinical notes were not evident that the injured worker had a history of gastrointestinal events that included history of peptic ulcer or GI bleed or perforation. The clinical notes did not provide any rationale to support the use of the Prilosec. Given the above, the injured worker is not within the guidelines. As such, the request for Prospective Request for Prilosec 20 Mg is not medically necessary.

Prospective Request for Ultram ER 150mg #15: Upheld

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

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

Decision rationale: The California MTUS indicates that the ongoing use of opioids is contingent on the documentation of the 4 domains proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids. The 4 domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Therefore, due to the lack of quantitative evidence indicating pain relief, increased ability to perform activities of daily living, adverse side effects, and the utilization of a urine drug screen to monitor aberrant drug behavior. Given the above, the injured worker is not within the MTUS guidelines. As such, the request for prospective request for Ultram ER 150 mg #15 is not medically necessary.

Prospective Request for Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

Decision rationale: The California MTUS indicates the ongoing use of opioids is contingent on the documentation of the 4 domains proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids. The 4 domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Therefore, due to the lack of quantitative evidence indicating pain relief, increased ability to perform activities of daily living, adverse side effects, and the

utilization of a urine drug screen to monitor aberrant drug behavior, the request is not supported. Given the above, the injured worker is not within the MTUS guidelines. As such, the request for prospective request for Ultram ER 150 mg #15 is not medically necessary.