

<b>Case Number:</b>	CM15-0100937		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34-year-old female, who sustained an industrial injury on 4/23/13. The injured worker has complaints of headaches, neck pain; lower and upper/mid back pain, bilateral shoulder pain and bilateral wrist, knee and ankle pain. The documentation noted there was tenderness to palpation of the posterior and lateral shoulder and range of motion was decreased and painful. There was +3 tenderness to palpation of the cervicothoracic junction and thoracolumbar junction. The lumbar range of motion was decreased and painful and wrist range of motion was decreased and painful. The diagnoses have included headache; cervical sprain/strain myospasm; cervical disc protrusion and thoracic sprain/strain myospasm. Treatment to date has included aqua therapy; left knee surgery on 9/17/14; physical therapy; tramadol; omeprazole and menthoderm. The request was for container of menthoderm ointment 240 grams; naproxen 550mg 90 tablets; tramadol 50mg 60 tablets and omeprazole 20mg 60 capsules.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Container of Menthoderm Ointment 240 Grams: 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, Pain Outcomes and Endpoints Page(s): 111-113, 8.

**Decision rationale:** The patient presents on 04/16/15 with unrated headaches, neck pain, upper/mid back pain, lower back pain, bilateral shoulder pain, bilateral wrist pain, bilateral knee pain, with associated cramping and stiffness of the affected body parts. The patient's date of injury is 04/23/13. Patient is status post unspecified left knee surgery on 09/17/14. The request is for CONTAINER OF MENTHODERM OINTMENT 240 GRAMS. The RFA was not provided. Physical examination dated 04/16/15 reveals tenderness to palpation of the cervical spine with decreased/painful range of motion in all planes, tenderness to palpation of the cervicothoracic and thoracolumbar junctions, and tenderness to palpation of the lumbar spine. Right shoulder examination reveals decreased and painful range of motion and tenderness to palpation of the posterior and lateral aspects. Wrist examination reveals decreased range of motion and tenderness bilaterally and positive Phalen's sign bilaterally. Bilateral knee examination reveals tenderness to palpation and decreases/painful range of motion, positive McMurray's sign bilaterally. Left ankle examination reveals tenderness to palpation of the dorsal and lateral aspects, and decreased/painful range of motion in all planes. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 04/16/15 progress note, patient is advised to remain off work until 05/29/15. Methoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the request for Methoderm ointment, treater has not provided adequate documentation of medication efficacy to substantiate continued use. This patient has been prescribed Methoderm since at least 10/23/14, though efficacy is not addressed in the subsequent reports. While this patient presents with a number of central and peripheral chronic pain complaints, MTUS guidelines require documentation of efficacy when medications are used for chronic pain. In this case, no such documentation is provided. Therefore, the request IS NOT medically necessary.

**90 Tabs Naproxen 550 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications ,Pain Outcomes and Endpoints Page(s): 22, 8.

**Decision rationale:** The patient presents on 04/16/15 with unrated headaches, neck pain, upper/mid back pain, lower back pain, bilateral shoulder pain, bilateral wrist pain, bilateral knee pain, with associated cramping and stiffness of the affected body parts. The patient's date of injury is 04/23/13. Patient is status post unspecified left knee surgery on 09/17/14. The request is for 90 TABS NAPROXEN 550MG. The RFA was not provided. Physical examination dated 04/16/15 reveals tenderness to palpation of the cervical spine with decreased/painful range of motion in all planes, tenderness to palpation of the cervicothoracic and thoracolumbar junctions, and tenderness to palpation of the lumbar spine. Right shoulder examination reveals decreased and painful range of motion and tenderness to palpation of the posterior and lateral aspects. Wrist examination reveals decreased range of motion and tenderness bilaterally and positive Phalen's sign bilaterally. Bilateral knee examination reveals tenderness to palpation and decreases/painful range of motion, positive McMurray's sign bilaterally. Left ankle examination reveals tenderness to palpation of the dorsal and lateral aspects, and decreased/painful range of motion in all planes. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 04/16/15 progress note, patient is advised to remain off work until 05/29/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-nflamatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: " When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. " In regard to the requested Naproxen for this patient's chronic pain, the treating physician has not provided adequate documentation of medication efficacy. This patient has been prescribed Naproxen since at least 10/23/14, though efficacy is not addressed in the subsequent reports. MTUS guidelines required documentation of efficacy when medications are used for chronic pain, none is provided. Without such documentation, continuation of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

**60 Tabs Tramadol 50 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids, Tramadol Page(s): 88-89, 76-78, 113.

**Decision rationale:** The patient presents on 04/16/15 with unrated headaches, neck pain, upper/mid back pain, lower back pain, bilateral shoulder pain, bilateral wrist pain, bilateral knee pain, with associated cramping and stiffness of the affected body parts. The patient's date of injury is 04/23/13. Patient is status post unspecified left knee surgery on 09/17/14. The request is for 60 TABS TRAMADOL 50MG. The RFA was not provided. Physical examination dated 04/16/15 reveals tenderness to palpation of the cervical spine with decreased/painful range of motion in all planes, tenderness to palpation of the cervicothoracic and thoracolumbar junctions,

and tenderness to palpation of the lumbar spine. Right shoulder examination reveals decreased and painful range of motion and tenderness to palpation of the posterior and lateral aspects. Wrist examination reveals decreased range of motion and tenderness bilaterally and positive Phalen's sign bilaterally. Bilateral knee examination reveals tenderness to palpation and decreases/painful range of motion, positive McMurray's sign bilaterally. Left ankle examination reveals tenderness to palpation of the dorsal and lateral aspects, and decreased/painful range of motion in all planes. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 04/16/15 progress note, patient is advised to remain off work until 05/29/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regard to the continuation of Tramadol for this patient's chronic intractable pain, the treating physician has not provided adequate documentation to substantiate continuation. This patient has been prescribed Tramadol since at least 10/23/14, though efficacy is not addressed in the subsequent reports. MTUS requires documentation of analgesia via a validated scale, activity-specific functional improvements, documented consistency with prescribed medications, and a stated lack of aberrant behavior. In this case, there is no use of a validated scale, no specific functional improvements, no discussion of UDS consistency or a stated lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

**60 Capsules Omeprazole 20 MG: 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 & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents on 04/16/15 with unrated headaches, neck pain, upper/mid back pain, lower back pain, bilateral shoulder pain, bilateral wrist pain, bilateral knee pain, with associated cramping and stiffness of the affected body parts. The patient's date of injury is 04/23/13. Patient is status post unspecified left knee surgery on 09/17/14. The request is for 60 CAPSULES OMEPRAZOLE 20MG. The RFA was not provided. Physical examination dated 04/16/15 reveals tenderness to palpation of the cervical spine with decreased/painful range of motion in all planes, tenderness to palpation of the cervicothoracic and thoracolumbar junctions, and tenderness to palpation of the lumbar spine. Right shoulder examination reveals decreased and painful range of motion and tenderness to palpation of the posterior and lateral aspects. Wrist examination reveals decreased range of motion and tenderness bilaterally and

positive Phalen's sign bilaterally. Bilateral knee examination reveals tenderness to palpation and decreases/painful range of motion, positive McMurray's sign bilaterally. Left ankle examination reveals tenderness to palpation of the dorsal and lateral aspects, and decreased/painful range of motion in all planes. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 04/16/15 progress note, patient is advised to remain off work until 05/29/15. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for prophylactic treatment with Omeprazole during oral NSAID therapy, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. This patient has been prescribed Omeprazole since at least 01/15/15, though there is no documentation of GI complaints at initiation or in the subsequent reports. While this patient is currently prescribed an NSAID, Naproxen, there is no discussion of gastric complaints secondary to this medication, or evidence of GI symptom relief owing to PPI utilization. Therefore, the request IS NOT medically necessary.