

Case Number:	CM15-0162729		
Date Assigned:	08/31/2015	Date of Injury:	09/26/2012
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/19/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 injured worker is a 50 year old female, who sustained an industrial injury on 9-26-2012. The mechanism of injury is injury from tripping, falling forward, twisting her left ankle and landing on her right knee. The current diagnoses are internal derangement of the knee (unspecified), status post knee surgery (3-26-2013), and lumbago. According to the progress report dated 7-2-2015, the injured worker reports an increase in right knee pain associated with swelling, burning, stiffness, and giving way. In addition, she reports an increase in her low back pain with radiation into her right lower extremity. The pain is rated 8 out of 10 on a subjective pain scale. The physical examination of the right knee reveals limited range of motion, edema, crepitus, and tenderness to palpation over the medial joint lines. Examination of the lumbar spine reveals tenderness to palpation over the bilateral paraspinal muscles consistent with spasms, tenderness over the sciatic notch, gluteal spasm, restricted range of motion, and positive straight leg raise on the right. The current medications are Tramadol, Omeprazole, Docuprene, and Methoderm analgesic gel. Urine drug screens from 3-26-2015 and 7-2-2015 were inconsistent with prescribed medications, Tramadol was not detected. There is documentation of ongoing treatment with Tramadol, Omeprazole, Docuprene, and Methoderm analgesic gel since at least 2-26-2015. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, Synvisc injections, and surgical intervention. Work status is described as modified duties. A request for retrospective Tramadol, Omeprazole, Docuprene, and Methoderm analgesic gel has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Tramadol (Ultram) 50mg, twice a day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the submitted medical records failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). These are necessary to meet the CA MTUS guidelines. In addition, Tramadol was not detected in the past two urine drug screens. Furthermore, as noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Tramadol is not medically necessary.

Retrospective review of Omeprazole 20mg, twice a day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors (PPI) when a patient is considered to be at intermediate or high risk for gastrointestinal events or cardiovascular disease. PPIs should be used with precautions. The clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. Routine use of PPIs is not recommended as long-term use has been shown to increase the risk of hip fractures. In this case, there is no documentation that the injured worker is at risk for gastrointestinal events or cardiovascular complications. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Omeprazole is not medically necessary.

Retrospective review of Docuprene 100mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/docuprene-tablets.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Opioids for chronic pain.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. In this case, the submitted medical records failed to provide documentation regarding constipation history or diagnosis that would support the use of Docuprene. There is no documentation of bowel habits or dietary regimen to alter bowel movements. The records do not include an abdominal examination. Therefore, based on CA MTUS guidelines and submitted medical records, the request for a retrospective Docuprene is not medically necessary.

Retrospective review of Mentherm 15% Analgesics Gel 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The guidelines note that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Mentherm analgesic gel contain both menthol and methyl salicylate. According to the guidelines, Methyl Salicylate is supported; however, the CA MTUS does not discuss Menthol. In this case, the request is for mentherm - a combination of menthol

and methyl salicylate. There is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. In addition, the request for does not include dosing frequency, duration, or application site. Without this information and the lack of guideline support for topical agents, the request is not medically necessary.