

Case Number:	CM15-0206612		
Date Assigned:	10/23/2015	Date of Injury:	05/09/2014
Decision Date:	12/29/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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, Pain Management

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 57-year-old male, with a reported date of injury of 05-09-2014. The diagnoses include right knee sprain and strain, rule out internal derangement, and right knee internal derangement. The progress report dated 07-31-2015 indicates that the injured worker reported that acupuncture has helped his right knee pain decrease. The objective findings include some tenderness at the right knee upon palpation; and tenderness to palpation of the right anterior knee, lateral knee, and medial knee. The injured worker's work status and pain ratings were not indicated. The progress report dated 04-13-2015 indicates that the injured worker had persistent right knee pain, which was rated 5-6 out of 10. The pain was made worse with ambulation or any strenuous activity. It was noted that the injured worker was "applying creams which help". The diagnostic studies to date have included a urine drug screen on 05-21-2015 and 06-25-2015 which was consistent for Tramadol; a urine drug screen on 07-27-2015 which was inconsistent for Tramadol; a Sudoscan on 07-27-2015; and a urine drug screen on 09-21-2015 which was consistent for Tramadol. Treatments and evaluation to date have included Naproxen, Tramadol (since at least 04-2015), Protonix (since at least 05-2015), knee brace, chiropractic treatment, acupuncture, and topical compound creams (since at least 04-2015). The names of the topical compound creams were not indicated. The treating physician requested Tramadol (Ultram) 50mg #60, Pantoprazole (Protonix) 20mg #60, Gabapentin 15%-Amitriptyline 4%-Dextromethorphan 10% in cream base (unknown quantity), Cyclobenzaprine 2%-Flurbiprofen 25% in a cream base (unknown quantity), and urinalysis test for toxicology. On 10-12-2015, Utilization Review (UR) non-certified the request for Tramadol (Ultram) 50mg #60,

Pantoprazole (Protonix) 20mg #60, Gabapentin 15%-Amitriptyline 4%-Dextromethorphan 10% in cream base (unknown quantity), Cyclobenzaprine 2%-Flurbiprofen 25% in a cream base (unknown quantity), and urinalysis test for toxicology. UDS dated 5/21/2015, 6/25/2015, and 7/27/2015 were consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50 mg #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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.

Pantoprazole (Protonix) 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base: 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: Regarding the request for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. As such, the currently requested Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25% in a cream base: Upheld

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

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

Decision rationale: Regarding the request for Cyclobenzaprine 2%, Flurbiprofen 25% in a cream base, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Cyclobenzaprine 2%, Flurbiprofen 25% in a cream base is not medically necessary.

Urinalysis test for toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.