

Case Number:	CM15-0023528		
Date Assigned:	02/25/2015	Date of Injury:	02/21/2011
Decision Date:	04/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/09/2015

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: Preventive Medicine, Occupational 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:

This 51-year-old male sustained a work related injury on 02/21/2011. According to the most recent progress report submitted for review and dated 12/02/2013, the injured worker was seen for re-evaluation of his lumbar spine. He reported since the last visit, he was better. He completed all of his sessions for physiotherapy. Medications included Tramadol. The injured worker report left leg pain, left knee pain and lower back pain that was sharp a few days a month. Diagnostic impression included left-sided sacroiliac joint arthropathy; rule out piriformis pain syndrome, lumbar spine sprain/strain with MRI finding of disc protrusion at L4-5 and L5-S1. Comorbid conditions include diabetes and history of gastritis (with diagnosis and treatment for H. pylori in 2013). Treatment plan included Ultracet, Amitriptyline / Tramadol / dexamethorphan for neurolytic pain and gabapentin/ketoprofen/Lidoderm compound for topical anti-inflammatory relief. On 01/07/2015, Utilization Review non-certified H. Pylori (*Helicobacter pylori*) test, CBC (complete blood cell count) test and Continue medications (unspecified name/strength/quantity). According to the Utilization Review physician, there was no documentation that the injured worker had ever developed symptoms of gastritis or gastroesophageal reflux disease; been diagnosed with either condition or received any specific treatment for them. The results of any prior testing for any gastrointestinal complaints or suspected conditions were not available. Guidelines cited for this request included American College of Gastroenterology 2013 from the National Guidelines Clearinghouse website. In regard to a complete blood cell count, guidelines recommend a complete blood cell count and chemistry profile for patients on chronic oral nonsteroidal anti-inflammatory drug therapy.

However, the injured worker had not been prescribed oral non-steroidal anti-inflammatory medications for at least 2 years per the records. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. In regard to continue medications (unspecified name/strength/quantity), approval cannot be granted for any medication without the name, dose, frequency and quantity prescribed, plus sufficient documentation of medical necessity for each medication. None of the information has been provided yet, therefore the request was denied. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H.Plyri (Helicobacter pylori) test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Collage of Gastroenterology Guidelines for the diagnosis and management of gastroesophageal reflux disease.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Chey WD, Wong BCY, Practice Parameters Committee of the American College of Gastroenterology. American College of Gastroenterology Guideline on the Management of Helicobacter pylori Infection. Am J Gastroenterol 2007; 102:1808-1825.

Decision rationale: Helicobacter pylori (AKA H. pylori) are a gram-negative, microaerophilic bacterium found in the stomach, and present in some patients with chronic gastritis and gastric ulcers. Treating a patient with this bacteria and with chronic gastritis or gastric ulcers can result in resolution of this gastritis/ulcers. The bacteria's presence is diagnosed by blood or urine tests or by biopsy of stomach lining. Indications for H. pylori testing include active peptic ulcer disease (gastric or duodenal ulcer), confirmed history of peptic ulcer disease (not previously treated for H. pylori), gastric MALT lymphoma (low grade), after endoscopic resection of early gastric cancer, and uninvestigated dyspepsia (depending upon H. pylori prevalence). The patient's most recent medical records available for review does not document any of these conditions. Medical necessity for this test has not been established.

CBC (Complete Blood Count) test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 9 Shoulder Complaints Page(s): Chp 9 pg 208; Chp 13 pg 331, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: A Complete Blood Count (CBC) is a blood panel requested by a medical provider that gives information about the cellular components in a patient's blood. It is used to screen for infection, blood cancers and anemia. The MTUS recommends its use to screen for

autoimmune or inflammatory sources of joint pain, for anemia secondary to chronic non-steroidal anti-inflammatory drug use or when the provider suspects septic arthritis or cancer. The patient's most recent medical records available for review does not document any of these conditions. Medical necessity for this test has not been established.

Continued medications (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids; Topical Analgesics Page(s): 13, 15, 18-9, 49, 56, 60-1, 67-73, 74-96, 111-13.

Decision rationale: The medical records available for review show the present is taking tramadol, Gaba-Keto-Lido Cream, and amitriptyline-toradol-dextromethorphan cream. Ultram (tramadol) an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Studies have shown the effectiveness of this medication to control pain for up to three months but there are no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The present provider has not documented meeting this criteria in that the appropriate monitoring of this patient is not documented even though he does note the improvement in pain control with medication. Amitriptyline-tramadol-dextromethorphan cream is a combination product formulated for topical use. It is made up of tramadol, a synthetic opioid analgesic, amitriptyline, a tricyclic anti-depressant, and dextromethorphan, an antitussive cough suppressant medication. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not address the topical use of tramadol, amitriptyline or dextromethorphan. However, it does note when used systemically, amitriptyline use should be considered first line therapy for neuropathic pain. Gaba-Keto-Lido Cream is a combination product formulated for topical use. It is made up of gabapentin, an anticonvulsant and analgesic, ketoprofen, a non-steroidal anti-inflammatory (NSAIDs) medication, and lidocaine, an anesthetic. The use of topical agents to control pain is considered an option although it is considered largely experimental, as there is little to no research to support their use. Even though the MTUS describes use of gabapentin as an effective medication in controlling neuropathic pain, it does not recommend its use topically. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. Topical lidocaine is recommended in the

MTUS only for treatment of neuropathic pain and only in the form of lidoderm but not when it is formulated with other medications. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since the MTUS does not recommend the topical use of gabapentin, combined lidocaine topical preparations or topical narcotic preparations use of any of these topical medications is not indicated. Medical necessity for use of these medications has not been established.