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| <b>Case Number:</b>   | CM15-0036998 |                              |            |
| <b>Date Assigned:</b> | 03/05/2015   | <b>Date of Injury:</b>       | 08/29/2012 |
| <b>Decision Date:</b> | 04/10/2015   | <b>UR Denial Date:</b>       | 02/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/27/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 52 year old female, who sustained an industrial injury on June 29, 2012. She has reported injury to her low back and right knee when she slipped on a wet floor. The diagnoses have included strain chondromalacia right knee and sprain right foot. Treatment to date has included physical therapy, knee injection, diagnostic studies and medications. On August 25, 2014, physical examination was unremarkable. Notes stated that the injured worker was at a permanent and stationary maximal medical improvement level with regard to her right knee and right foot. On February 4, 2015, Utilization Review non-certified Acetaminophen-Tramadol 325/37 5mg #60 (DOS 12/18/2014), Omeprazole 20mg #60 (DOS 12/18/2014) and Dendracin lotion 120ml # 1 (DOS 12/18/2014). The citation was not provided. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of retrospective request for Acetaminophen-Tramadol 325/37 5mg #60 (DOS 12/18/2014), Omeprazole 20mg #60 (DOS 12/18/2014) and Dendracin lotion 120ml # 1 (DOS 12/18/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review for Acetaminophen-Tramadol 325/37, 5 mg Qty 60 (DOS 12/18/2014):**  
 Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective date of service December 18, 2014 Acetaminophen/ Tramadol 37.5/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are strain, chondromalacia rightly; and sprained right foot. The medical record contains 30 pages. A progress note dated August 25, 2014 appears in the medical record three times. Each progress note is six pages long. A second progress note dated December 18, 2014 is present in the record and is illegible. There are stickers attached to the handwritten note for prescriptions Omeprazole, Ultracet, Dendracin. There are no clinical indications or rationale for the prescriptions. The start date for these prescriptions is not documented in the medical record. There is no evidence of objective functional improvement with ongoing Ultracet. Consequently, absent clinical documentation with objective functional improvement with a start date, clinical indication rationale, acetaminophen/tramadol 37.5/325 mg #60 retrospective date of service December 18, 2014 is not medically necessary.

**Retrospective review for Omeprazole 20 mg Qty 60 (DOS 12/18/2014):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective date of service December 18, 2014 Omeprazole 20 mg one every morning #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are strain, chondromalacia rightly; and sprained right foot. The medical record contains 30 pages. A progress note dated August 25, 2014 appears in the medical record three times. Each progress note is six pages long. A second progress note dated December 18, 2014 is present in the record and is illegible. There are stickers attached to the handwritten note

for prescriptions Omeprazole, Ultracet, Dendracin. There are no clinical indications or rationale for the prescriptions. There is no history of history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids, etc. The start date for these prescriptions is not documented in the medical record. There is no evidence of objective functional improvement with ongoing Omeprazole. Consequently, absent clinical documentation with objective functional improvement with a start date, clinical indication or clinical rationale, retrospective date of service December 18, 2014 Omeprazole 20 mg #60 is not medically necessary.

**Retrospective review for Dendracin lotion 120 ml Qty 1 (DOS 12/18/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective data service December 18, 2014 topical Dendracin is not medically necessary. Topical Dendracin contains methyl salicylate, menthol and Capsaicin. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. In this case, the injured worker's working diagnoses are strain, chondromalacia rightly; and sprained right foot. The medical record contains 30 pages. A progress note dated August 25, 2014 appears in the medical record three times. Each progress note is six pages long. A second progress note dated December 18, 2014 is present in the record and is illegible. There are stickers attached to the handwritten note are for prescriptions Omeprazole, Ultracet, Dendracin. There are no clinical indications or rationale for the prescriptions. The start date for these prescriptions is not documented in the medical record. There is no evidence of objective functional improvement with ongoing Dendracin. Consequently, absent clinical documentation with objective functional improvement with a start date, clinical indication or rationale, retrospective date of service to December 18, 2014 topical Dendracin is not medically necessary.