

Case Number:	CM15-0061904		
Date Assigned:	04/20/2015	Date of Injury:	11/01/2013
Decision Date:	09/14/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/01/2015

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, Arizona
 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 41 year old male, who sustained an industrial injury on 11/1/13. He reported pain in neck, shoulders, hands, lower back, right foot and right ankle with numbness of bilateral hands and right leg. The injured worker was diagnosed as having cervical musculo-ligamentous injury, cervical myofascitis, status post-surgery left shoulder, right shoulder sprain/strain, right shoulder impingement, left knee meniscus degeneration, bilateral hand and finger injury, psych component, cervical disc protrusion with nerve root compromise, calcaneal spur of right foot and tenosynovitis of left foot. Treatment to date has included physical therapy, oral medications and home exercise program. Currently, the injured worker complains of severe neck pain with radiation to right shoulder and sharp left knee pain with weakness. The injured worker states pain is 8/10 without medications and 6/10 with medications. Physical exam noted decreased range of motion of cervical region, decreased left shoulder range of motion with tenderness to palpation of cervical paravertebral muscles, decreased right shoulder range of motion with tenderness to palpation of anterior shoulder and lateral shoulder, decreased range of motion of left knee with tenderness to palpation of the anterior knee, medial knee and lateral knee, tenderness to palpation is also noted of 3rd digit of right hand and bilateral feet. The treatment plan included refilling all medications including Naproxen, Prilosec, Mentherm cream, and Promolaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg DOS: 2/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): s 82-84.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic. Furthermore, ongoing management of opioids requires documentation supporting the 4 A's of treatment. There is a lack of documentation mentioning adequate analgesia with his opioid regimen, monitoring for aberrant behavior, adverse side effects, and effect on activities of daily living. Without this supportive documentation, medical necessity cannot be substantiated. The request is not medically necessary.

Naproxen 550mg DOS: 2/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67 and 72.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Despite long-term use that is not recommended, the injured worker continues to demonstrate pain. There is no mention of trialing acetaminophen before initiating NSAID therapy. There is no frequency in any of the Naproxen requests. The request is not medically necessary.

Omeprazole 20mg DOS: 2/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): s 68-69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is no mention of any of the above requests.

There is no frequency noted in the request submitted. Necessity has not been substantiated. The request is not medically necessary.

Menthoderm DOS: 2/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. There is no mention of failure to first line anti-convulsants or anti-depressants for pain. There is no dose or frequency in any of the submitted requests for topical analgesics. Therefore, medical necessity has not been substantiated. The request is not medically necessary.

Omeprazole 20mg DOS: 4/17/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): s 68-69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is no mention of any of the above requests. There is no frequency noted in the request submitted. Necessity has not been substantiated. The request is not medically necessary.

Tramadol 50mg DOS: 4/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): s 82-84.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic. Furthermore, ongoing management of opioids requires documentation supporting the 4 A's of treatment. There is a lack of documentation mentioning adequate analgesia with his opioid regimen, monitoring for aberrant behavior, adverse side effects, and effect on activities of daily living. Without this supportive

documentation, medical necessity cannot be substantiated. Lastly, there is no frequency noted on any of the Tramadol requests submitted. The request is not medically necessary.

Promolaxin 100mg DOS: 4/17/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: According to Drugs.com, Docusate (Promolaxin) can be used for short-term treatment of constipation. Within the submitted documentation, there is no mention of constipation as an adverse effect of the injured workers medications or due to his conditions. Frequency was not mentioned in any of the submitted requests. Necessity has not been substantiated. The request is not medically necessary.

Naproxen 500mg #30 DOS: 4/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67 and 72.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Despite long-term use that is not recommended, the injured worker continues to demonstrate pain. There is no mention of trialing acetaminophen before initiating NSAID therapy. There is no frequency in any of the Naproxen requests. The request is not medically necessary.

Omeprazole 20mg DOS: 7/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): s 68-69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is no mention of any of the above requests. There is no frequency noted in the request submitted. Necessity has not been substantiated. The request is not medically necessary.

Tramadol 50mg DOS: 7/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): s 82-84.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic. Furthermore, ongoing management of opioids requires documentation supporting the 4 A's of treatment. There is a lack of documentation mentioning adequate analgesia with his opioid regimen, monitoring for aberrant behavior, adverse side effects, and effect on activities of daily living. Without this supportive documentation, medical necessity cannot be substantiated. Lastly, there is no frequency noted on any of the Tramadol requests submitted. The request is not medically necessary.

Naproxen 550mg DOS: 7/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67 and 72.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Despite long-term use that is not recommended, the injured worker continues to demonstrate pain. There is no mention of trialing acetaminophen before initiating NSAID therapy. There is no frequency in any of the Naproxen requests. The request is not medically necessary.

Menthoderm Cream DOS: 7/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. There is no mention of failure to first line anti-convulsants or anti-depressants for pain. There is no dose or frequency in any of the submitted requests for topical

analgesics. Therefore, medical necessity has not been substantiated. The request is not medically necessary.

Tramadol 50mg DOS: 8/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): s 82-84.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic. Furthermore, ongoing management of opioids requires documentation supporting the 4 A's of treatment. There is a lack of documentation mentioning adequate analgesia with his opioid regimen, monitoring for aberrant behavior, adverse side effects, and effect on activities of daily living. Without this supportive documentation, medical necessity cannot be substantiated. Lastly, there is no frequency noted on any of the Tramadol requests submitted. The request is not medically necessary.

Prilosec 20mg DOS: 8/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): s 68-69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is no mention of any of the above requests. There is no frequency noted in the request submitted. Necessity has not been substantiated. The request is not medically necessary.

Naproxen 550mg DOS: 8/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67 and 72.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Despite long-term use that is not recommended, the injured worker continues to demonstrate pain. There is no mention of trialing acetaminophen before initiating NSAID therapy. There is no frequency in any of the Naproxen requests. The request is not medically necessary.

