

Case Number:	CM15-0084700		
Date Assigned:	05/07/2015	Date of Injury:	04/09/2003
Decision Date:	06/08/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67 year old female who sustained an industrial injury on April 9, 2003. Previous treatment includes medications, rehabilitation therapy, surgical intervention and diagnostic studies. Currently the injured worker complains of a flare up in symptoms. She reports pain in the cervical spine, left shoulder and left wrist and hand. She rates her pain a 6-7 on a 10-point scale and has associated numbness, tingling and weakness. She reports that her pain and weakness has increased since her last visits. Diagnoses associated with the request include cervical spine sprain/strain; status post left shoulder surgery and status past left carpal tunnel release. The evaluating physician notes that the injured worker has gastrointestinal upset with her medications. The treatment plan includes modified work duties, acupuncture, physical therapy, and medications to include Prilosec, Tramadol and Topical Compound of Cyclotram Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been taking Prilosec in combination with NSAIDs and opioids and there was no indication for continued use of multiple analgesics causing GI risks. Therefore, the continued use of Prilosec is not medically necessary.

Tramadol 50mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, there was no mention of failure of 1st line medications. It was used in combination with NSAIDS but pain reduction attributed to Tramadol cannot be determined. In addition, future response to Tramadol cannot be determined to justify 3 refills. As a result, the request for Tramadol as above is not medically necessary.

Topical compound Cyclotram Cream with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In this case, it was requested in combination with oral analgesics. Since the compound above contains these topical Cyclobenzaprine, the compound in question is not medically necessary.