MAXIMUS Federal Services

Case Number:	CM14-0124760		
Date Assigned:	08/08/2014	Date of Injury:	04/01/2011
Decision Date:	10/22/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 51-year-old female was reportedly injured on April 1, 2011. The most recent progress note, dated June 20, 2014, indicates that there are ongoing complaints of low back pain and left knee pain. Medications are stated to help about 30 to 40% and do not have any side effects. Stomach upset is stated to be controlled with omeprazole. The physical examination demonstrated tenderness of the lumbar spine and the left knee. No recent diagnostic imaging studies were available for review. Previous treatment includes a left knee arthroscopy, lumbar spine surgery, topical, oral medications, and home exercise. A request had been made for Menthoderm, tramadol/APAP, omeprazole, topiramate, and cyclobenzaprine and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gm: Upheld

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

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

Decision rationale: Menthoderm is a compound of menthol and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Menthoderm is not medically necessary.

Tramadol/APAP 37.5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. The progress note dated June 20, 2014, indicates that there is an objective decrease of the injured employee's pain with the use of this medication. However, there is no documentation of failure of a first-line option medication. Considering this, this request for tramadol/APAP is not medically necessary.

Omeprazole 20mg, #60: Overturned

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

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. According to the progress note dated June 20, 2014, the injured employee stated have stomach upset which is controlled with use of omeprazole. Considering this, this request for omeprazole is medically necessary.

Topiramate 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 21.

Decision rationale: Topamax (Topiramate): The MTUS supports the use of anticonvulsants, but notes that Topiramate may be used as a 2nd line agent after other anticonvulsants have been

trialed and failed. A review of the medical records provided does not indicate that other anticonvulsants have been trialed. As such, the request is for topiramate is not medically necessary.

Cyclobenzaprine 7.5mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the progress note dated June 20, 2014, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for cyclobenzaprine is not medically necessary.