

<b>Case Number:</b>	CM14-0125854		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	12/16/2002
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 57 year old male who was injured on 12/16/2002. The diagnoses are knee and myofascial pain. There are associated diagnoses of anxiety and sleep disorder. The patient is awaiting a Psychiatrist appointment for evaluation. On 6/23/2014, [REDACTED] / [REDACTED] [REDACTED] noted objective findings of muscle spasm, antalgic gait and ambulation with the aid of a cane. It was noted that the patient missed some clinic appointments due to transportation issues. There was a Pain Contract in force. The patient had complained of increase in pain due to non- certification of Norco. A Utilization Review determination was rendered on 7/11/2014 recommending non certification for Tramadol 37.5/325mg #60, LidoPro 121g #1 and Omeprazole 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 6/10/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 74-96, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for exacerbation of musculoskeletal pain as well as for maintenance treatment when NSAIDs, surgical options and PT have been exhausted. The use of tramadol is associated with lower incidence of opioid induced complications including dependency, addiction, sedation and adverse drug interactions. The records indicate that the patient has failed non-opioid options. There are no aberrant behaviors reported. There is a Pain Contract in force. The patient reported significant pain relief and functional restoration with the use of tramadol. The criteria for the use of tramadol/APAP 37.5/325mg #60 was met.

**Lidopro ointment 121 gram #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105, 112, 113.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) guidelines recommend the use of topical compound analgesics for the treatment of localized neuropathic pain when treatment with anticonvulsants and antidepressants cannot be tolerated or have failed. The records do not indicate that the patient was diagnosed with localized neuropathic pain. LidoPro contains Lidocaine 4.5% / capsaicin 0.0325% / salicylate 27.5% / menthol 10%. There is lack of guideline or FDA support for the use of salicylate or menthol in the management of chronic knee pain. The guidelines recommend that topical medications be utilized and evaluated individually. The criteria for the use of Lidopro was not met.

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) guidelines recommend that the use of Non-steroidal anti-inflammatory drug (NSAIDs) should be limited to the lowest possible dose for the shortest period to minimize the development of NSAIDs associated gastrointestinal, renal and cardiovascular complications. The records did not show that the patient is on chronic NSAIDs treatment. There is no documentation of a history of gastrointestinal disease. The criteria for the use of Omeprazole 20mg #60 was not met.