

Case Number:	CM14-0140763		
Date Assigned:	09/10/2014	Date of Injury:	01/11/2008
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 49 year old male who reported an injury on 01/11/2008. The mechanism of injury reportedly occurred while the injured worker was moving a heavy pipe. The injured worker had diagnoses of lumbar disc disease, lumbar radiculopathy, and lumbosacral spondylosis. The past medical treatment included physical therapy, aquatic therapy, a Transcutaneous Electrical Nerve Stimulation (TENS) unit, medications, and trigger point injections. Diagnostic studies included an MRI of the lumbar spine on 11/25/2008, x-ray of lumbar spine on 02/22/2010, 06/15/2010, 09/24/2010, and Electromyography (EMG)/Nerve Conduction Velocity (NCV) of lower extremities on 05/06/2010. The injured worker underwent a lumbar spine fusion on 08/28/2009. The injured worker complained of constant, moderate low back pain that rated 2-3/10 when taking medications, without medications pain was 8/10 on the pain scale on 07/29/2011. The injured worker described the low back pain as jabbing, heaviness, and tiredness. The injured worker reported the pain was worse when walking for more than 10 minutes, sitting more than 10 minutes, and standing more than 30 minutes, as well as with lifting more than 10 pounds, or with bending for over 2 minutes. The physical examination revealed pain and tenderness to the bilateral paralumbar area upon palpation at L4-L5. Trigger points and tenderness were noted to the right groin area. The lumbar range of motion revealed pain with motion in the low back at end range. The injured worker was careful and guarded with all motion. Medications included Ketoprofen, Omeprazole, Tramadol, Gabapentin, and Tizandine. The treatment plan was not provided. The rationale for the request was not submitted. The request for authorization form was submitted on 08/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #60 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol/APAP 37.5/325mg #60 x 3 is not medically necessary. The injured worker complained of constant to moderate low back pain that rated 2-3/10 when taking medications, without medications pain is 8/10 on the pain scale on 07/29/2011. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The documentation submitted for review indicated that current medications were helping the patient; however, Tramadol/APAP 37.5/325mg was not included. There was a lack of documentation of adequate quantified information regarding pain relief. There was no assessment of the injured worker's current pain on a VAS scale, average pain, and intensity of the pain after taking opioid medications, and longevity of pain relief. There is a lack of documentation indicating urine drug screens were consistent with the prescribed medication regimen. There was no mention of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request for Tramadol/APAP 37.5/325 #60 x3 is not supported. Therefore, the request for Tramadol/APAP 37.5/325 #60 x3 is not medically necessary.

Menthoderm 123gm x 3 (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NSAIDs. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/mentoderm-cream.html>, Mentoderm cream

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate Topicals Page(s): 105, 111-113.

Decision rationale: The request for Mentoderm 123gm x 3 (quantity unspecified) is not medically necessary. The injured worker complained of constant to moderate low back pain that

rated 2-3/10 when taking medications, without medications pain is 8/10 on the pain scale on 07/29/2011. Methoderm is comprised of methyl salicylate and menthol. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical salicylate is significantly better than placebo in chronic pain. There is a lack of documentation indicating the injured worker previously failed first line treatments. Additionally, the request does not indicate the dosage, frequency, quantity, and the application site in order to determine the medical necessity of the medication. The request for refills would not be indicated, as the efficacy of the medication should be assessed prior to providing additional medication documentation. Therefore the request for Methoderm 123gm x 3 (quantity unspecified) is not medically necessary.

Omeprazole 20mg #60 x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI use with NSAIDS Page(s): 68.

Decision rationale: The request for Omeprazole 20mg #60x3 is not medically necessary. The injured worker complained of constant to moderate low back pain that rated 2-3/10 when taking medications, without medications pain is 8/10 on the pain scale on 07/29/2011. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is lack of documentation the injured worker is taking an NSAID. There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. There is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to the medication. There is a lack of documentation indicating the injured worker has significant improvement with the medication. The request for refills would not be indicated, as the efficacy of the medication should be assessed prior to providing additional medication documentation. Therefore the request is not medically necessary.