

Case Number:	CM14-0145424		
Date Assigned:	09/12/2014	Date of Injury:	05/06/2010
Decision Date:	10/28/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 Emergency Medicine and is licensed to practice in California. 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 65 year-old female, who sustained an injury on May 6, 2010. The mechanism of injury occurred when she twisted her ankle while trying to prevent a fall from a ladder. Diagnostics included drug screen dated April 14, 2014 reported as showing negative for Tramadol. Treatments have included: injection, medications, left carpal tunnel release, and occupational therapy. The current diagnoses are: lumbar disc disease, wrist sprain, sprain radial collateral ligament, ankle sprain, status post left carpal tunnel release, bilateral elbow sprain/strain. The stated purpose of the request for retrospective Voltaren 100mg #30 (DOS: 7/10/14) was for pain and inflammatory disorders. The request for retrospective Voltaren 100mg #30 (DOS: 7/10/14) was denied on August 8, 2014, citing a lack of documentation of osteoarthritis. The stated purpose of the request for retrospective Protonix 20mg #60 (DOS: 7/10/14) was to provide protection for GI distress with a history of NSAID intolerance. The request for retrospective Protonix 20mg #60 (DOS: 7/10/14) was denied on August 8, 2014, not noting the rationale. The stated purpose of the request for retrospective Ultram ER (Tramadol) 150mg #30 (DOS: 7/10/14) was for pain. The request for retrospective Ultram ER (Tramadol) 150mg #30 (DOS: 7/10/14) was denied on August 8, 2014, not noting the rationale. The stated purpose of the request for retrospective Methoderm 120gm (menthyl salicylate 15%, menthol 10%) (DOS: 7/10/14) was not noted. The request for Retrospective Methoderm 120gm (menthyl salicylate 15%, menthol 10%) (DOS: 7/10/14) was denied on August 8, 2014, not noting the rationale. Per the report dated July 10, 2014, the treating physician noted complaints of ankle pain and gradual improvement after carpal tunnel release. Exam findings included left carpal tunnel tenderness, reduced sensation to the hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren 100mg #30 DOS: 7/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, page 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has ankle pain and gradual improvement after carpal tunnel release. The treating physician has documented left carpal tunnel tenderness, reduced sensation to the hands. The treating physician has not documented current inflammatory conditions, duration of treatment nor derived functional improvement from its previous use. The criteria noted above not having been met, therefore, the retrospective Voltaren 100mg #30 (DOS: 7/10/14) is not medically necessary.

Retrospective Protonix 20mg #60 DOS: 7/10/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAIDs with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has ankle pain and gradual improvement after carpal tunnel release. The treating physician has documented left carpal tunnel tenderness, reduced sensation to the hands. The request for retrospective Protonix 20mg #60 (DOS: 7/10/14) was denied on August 8, 2014, not noting the rationale. The treating physician has documented a history of GI intolerance to NSAID's and therefore this GI protective medication is medically necessary at least until the concurrent NSAID is discontinued. The criteria noted above having been met, therefore, the retrospective request for Protonix 20mg #60 (DOS: 7/10/14) is medically necessary and appropriate.

Retrospective Ultram ER (Tramadol) 150mg #30 DOS: 7/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain and Tramadol Page(s): 78-80, 80-82, 113.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, and Tramadol, page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ankle pain and gradual improvement after carpal tunnel release. The treating physician has documented left carpal tunnel tenderness, reduced sensation to the hands. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor the actions taken with a urine drug screening result being negative for this medication. The criteria noted above not having been met, the retrospective request for Ultram ER (Tramadol) 150mg #30 (DOS: 7/10/14) is not medically necessary.

Retrospective Methoderm 120gm (menthyl salicylate 15%, menthol 10%) DOS: 7/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has ankle pain and gradual improvement after carpal tunnel release. The treating physician has documented left carpal tunnel tenderness, reduced sensation to the hands. The treating physician has not first-line therapy trials. The criteria noted above not having been met, therefore, the retrospective Methoderm 120gm (menthyl salicylate 15%, menthol 10%) (DOS: 7/10/14) is not medically necessary.