MAXIMUS Federal Services

Case Number:	CM14-0028653		
Date Assigned:	06/16/2014	Date of Injury:	10/24/2007
Decision Date:	09/24/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational 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 patient is a 37-year-old female who has submitted a claim for cervical discopathy/radiculitis, bilateral shoulder impingement and lumbar discopathy associated with an industrial injury date of October 24, 2007. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of neck pain that radiated to the upper extremities with numbness and tingling sensation. An examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and Spurling's maneuver were positive. There was painful and restricted cervical range of motion. There was dysesthesia at the C5 and C6 dermatomes. An examination of the left shoulder was unchanged from previous visit and revealed tenderness at the left shoulder anteriorly. There was pain with terminal motion with limited range of motion and weakness. An examination of the lumbar spine was unchanged from previous visit and revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. The treatment to date has included medications such as Naproxen, Cyclobenzaprine, and Sumatriptan and chiropractic therapy. A utilization review from February 7, 2014 denied the request for Omeprazole #120, Tramadol #90, and Medrox Patch. The request for Omeprazole was denied because the patient did not exhibit GI risk factors nor present with dyspepsia as a result of the pain medication. The request for Tramadol was denied because the records provided lack clear documentation of ongoing efficacy with medication use, recent urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and patient. The request for Medrox patch was denied because there was no demonstrated failure of first line agents used in the management of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE #120: 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 NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as Omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Furthermore, the request is incomplete in terms of the dosage of the medication. Therefore, the request for Omeprazole #120 is not medically necessary.

TRAMADOL #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94,113.

Decision rationale: According to page 93-94 and 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic. It is not recommended as a first-line therapy for neuropathic pain. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. In this case, it is unclear when the patient started taking Tramadol. It seems that this request is a new order. Records do not show that the patient had tried first-line treatment for neuropathic pain nor did the patient satisfy the criteria mentioned above. Moreover, the dose of the medication requested is not specified. Therefore, the request for Tramadol #90 is not medically necessary.

MEDROX PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates, Topical Analgesics Page(s): 105,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Salicylate Topicals.

Decision rationale: Medrox patches contain: 0.0375% Capsaicin; 5% Menthol; and 5% Methylsalicylate. The California MTUS Chronic Pain Medical Treatment Guidelines states that there are no current indications for Capsaicin formulation of 0.0375%. The ODG Pain Chapter also states that topical pain relievers that contain: Menthol, Methylsalicylate, and Capsaicin, may in rare instances cause serious burns. Page 105 of the California MTUS Chronic Pain Medical Treatment Guidelines states that salicylate topicals are significantly better than placebo for chronic pain. The patient has been using Medrox patches since 2012 to help alleviate the chronic neck and back pain. However, there is no evidence regarding Medrox's efficacy, functional benefits gained, continued analgesia, or a lack of adverse effects. Lastly, the California MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin in 0.0375% formulation is not recommended. Therefore, the request for Medrox patches is not medically necessary.