

Case Number:	CM14-0089966		
Date Assigned:	09/10/2014	Date of Injury:	09/01/1999
Decision Date:	10/14/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of September 1, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; a total knee arthroplasty procedure; topical agents; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 9, 2014, the claims administrator denied a request for tramadol, naproxen, omeprazole, and topical Terocin. The applicant's attorney subsequently appealed. Several of the medications at issue were sought on a May 20, 2014 prescription form. Naproxen, Terocin, and tramadol were apparently endorsed. There was no rationale for selection of any of the particular medications. No applicant-specific rationale was furnished. The applicant's work status was not provided. In a handwritten note dated April 16, 2014, difficult to follow, not entirely legible, the applicant apparently presented with ongoing complaints of knee pain. Work restrictions were endorsed. It did not appear that the applicant was working, however, with said limitations in place. There was no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Extended Release (ER) 150mg #30: 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 When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status has not been clearly outlined. The attending provider's handwritten progress notes and/or preprinted prescription forms made no mention of medication efficacy. There was no discussion of any tangible or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request Tramadol Extended Release (ER) 150mg #30 is not medically necessary and appropriate.

Naproxen 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 22; 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has made no mention of medication efficacy on any of the attached progress notes. The applicant's work status has not been clearly outlined. The attending provider has not outlined any quantifiable decrements in pain achieved as a result of ongoing naproxen usage. Therefore, the request Naproxen 550mg #120 is not medically necessary and appropriate.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes provided made no mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request of Omeprazole 20mg #120 is not medically necessary and appropriate.

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin, as a class, are deemed "largely experimental." In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of Terocin. Therefore, the request of Terocin patches #30 is not medically necessary and appropriate.