

Case Number:	CM14-0094784		
Date Assigned:	07/25/2014	Date of Injury:	04/17/2006
Decision Date:	09/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 56-year-old female who has submitted a claim for ankle sprain, cervical sprain/strain and lumbar sprain/strain associated with an industrial injury date of April 17, 2006. Medical records from 2014 were reviewed, which showed that the patient complained of pain in both hands, right more than the left. Patient also noted cramping in both lower extremities. Patient specifies left ankle pain and pain in the lumbar spine. Physical examination revealed decreased range of motion for bilateral ankles and wrists. Tenderness was also noted. Patient walks with an antalgic gait. Treatment to date has included oral medications, physical therapy and use of TENS unit. Utilization review from June 11, 2014 denied the request for Lidopro Ointment 121gm, #1 because this particular formulation of topical lidocaine is not approved by the guidelines. The same review denied the request for Tramadol/APAP 37.5/325mg, #90 because according to medical records submitted, the patient was prescribed Ultracet. A modification from one medication to another cannot be provided. A request for Topiramante 100mg, #60 was also denied because there was no documentation to evidence failure of first-line therapy before consideration of Topiramate. Another request for Omeprazole 20mg, #60 was also denied because there was no documentation of rationale for medical need of a prescribed or dispensed formulation of omeprazole, when this medication is available over the counter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 121gm, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin Page(s): 111-113; 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. In this case, the patient requested for Lidopro Ointment. LidoPro topical ointment contains capsaicin in 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. Regarding the Menthol component, The MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC (over the counter) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the MTUS states that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, the MTUS states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Lidocaine is not recommended for topical applications. Furthermore, the compounded medication contains lidocaine and capsaicin in 0.0325% formulation that are not recommended for topical use. Therefore the request for Lidopro Ointment 121gm was not medically necessary.

Tramadol/APAP 37.5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Synthetic 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 MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been prescribed tramadol as needed for pain since at least July 2011 (almost 3 years to date). Since then, there was no documented evidence of pain relief and functional improvement. Patient still complains of ongoing neck, back and ankle pain. Also, urinary drug screening was not documented. The MTUS Guidelines require clear and concise documentation for ongoing management. Medical necessity has not been established. Therefore, the request for Tramadol/APAP 37.5/325mg, #90 is not medically necessary.

Topiramante 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AntiEpilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: Pages 16 to 21 of the MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Lack of response may be a 'trigger' for switching to a different first-line agent or combination therapy. Outcomes with at least 50% reduction of pain are considered good responses. In this case, the patient has been on Topiramate since at least April 2014. It is unclear whether the use of this medication has resulted in functional benefits such as decreased pain scores and increased ability to perform activities of daily living. Specific reduction in pain using a pain scale is significant in order to document good response from Topiramate, per the guidelines noted above. Continued use is contingent upon efficacy. Therefore, the request for Topiramate 100mg #60 is not medically necessary.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI & Cardiovascular Issues.

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 MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, there was no documentation submitted on when patient started taking Omeprazole. The patient was diagnosed with NSAID gastropathy / GERD in February 2009. However, recent progress reports did not provide subjective or objective evidence of gastrointestinal distress that would still necessitate Omeprazole use. The medical necessity cannot be established due to insufficient information. Guideline criteria have not been met. Therefore, the request for Omeprazole 20mg, #60 is not medically necessary.