

Case Number:	CM14-0216670		
Date Assigned:	01/06/2015	Date of Injury:	04/16/2004
Decision Date:	03/05/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 pain syndrome reportedly associated with an industrial injury of April 16, 2004. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve requests for tramadol, omeprazole, naproxen, and a topical compounded cream apparently prescribed and/or dispensed on December 3, 2014. The applicant's attorney subsequently appealed. On said December 3, 2014 progress note, the applicant reported persistent complaints of knee pain status post earlier total knee arthroplasty. The applicant was described as having "intractable" pain complaints. The applicant was having difficulty performing activities of daily living as basic as walking, standing, sitting, and/or lying down. The applicant was pending further physical therapy. The applicant was using Vicodin for pain relief, it was stated in one section of the note. The applicant had comorbidities including hypertension, asthma, and diabetes. The applicant was wheelchair bound, it was further noted. Ancillary complaints of low back pain were also evident. The applicant was asked to continue glucosamine. A topical compounded medication and walker were endorsed. At the bottom of the report, the attending provider stated that he was refilling Vicodin and Ultracet. Naproxen was apparently started for the first time. Prilosec was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request was framed as a renewal request. 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. Here, however, the applicant was/is off of work. The applicant was wheelchair bound on or around the date in question, December 3, 2014. The applicant stated that he was able to perform activities of daily living as basic as walking, standing, sitting, lying down, etc. The attending provider did not, in short, outline any material improvements in function or quantifiable decrements in pain affected as a result of ongoing tramadol (Ultracet) usage. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for adverse gastrointestinal events who, by implication qualify for prophylactic usage of proton pump inhibitors include those individuals who are age 65 years or greater who are using NSAIDs. Here, the applicant is 68 years old and was apparently given naproxen, an anti-inflammatory medication, for the first time on December 1, 2014. Concomitant provision of omeprazole was, thus, indicated for gastrointestinal prophylaxis purposes. Therefore, the request was medically necessary.

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, naproxen, an anti-inflammatory medication, is recommended in the treatment of osteoarthritis. Here, the applicant's primary pain generator was/is, in fact, knee arthritis status

post total knee arthroplasty. The attending provider framed the request on December 3, 2014 as a first-time request for the same. Therefore, the request was medically necessary.

Gabacyclotram cream: 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 Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.