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| Case Number: | CM15-0013472 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 01/29/2001 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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, New York, 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:

This 48-year-old female sustained a work-related injury on 1/29/2001. According to the PR2 dated 12/11/2014, the injured workers (IW) diagnoses are right carpal tunnel syndrome, right wrist sprain, right cubital tunnel syndrome, right shoulder impingement syndrome and myofascial pain. She reports moderate to severe pain in the right wrist radiating to the hand, fingertips and forearm. Previous treatment includes shoulder arthroscopy, NSAIDs and Ultracet. The treating provider requests Omeprazole 20mg #60, Tramadol 325 mg #60 and Terocin pain patch #30 with 1 refill. The Utilization Review on 12/24/2014 non-certified Omeprazole 20mg #60 and Terocin pain patch #30 with 1 refill; Tramadol 325 mg #60 was modified to allow only one month of medication. California MTUS and ODG references were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG, PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 68 of 127.

Decision rationale: No, request for omeprazole, a proton-pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated that the applicant was employing omeprazole or Prilosec for gastric protective effect as opposed to active symptoms of reflux. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for adverse risk of adverse or gastrointestinal events who, by implication, qualify for prophylactic usage of proton pump inhibitor such as omeprazole include those individuals who are 65 years of age and/or using NSAIDs, applicants who are using multiple NSAIDs, applicants who are using NSAIDs in conjunction with corticosteroids, and/or applicants who have a history of prior GI bleeding and/or peptic ulcer disease. Here, however, the applicant is 48 years old (less than 55). There is no mention of the applicant having previous issues with peptic ulcer disease and/or GI bleeding so as to support prophylactic use of omeprazole. The applicant was only using one NSAID, Naprosyn. The applicant was not using any corticosteroids. The applicant did not, thus, qualify for prophylactic usage of proton pump inhibitors, per page 68 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tramadol 325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of 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, the applicant did not appear to be working following imposition of permanent work restrictions by an agreed-medical evaluator. The attending provider failed to outline any material or meaningful improvements in function expected as a result of ongoing tramadol usage. The attending provider's commentary that the applicant is having difficult performing activities of daily living as basic as gripping, grasping, lifting, typing, etc., coupled with applicant's seemingly failure to return to work, did not make a compelling case for continuation of opioid therapy or tramadol. Therefore, the request is not medically necessary.

Terocin pain patch #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 28 of 127.

Decision rationale: Finally, the request for Terocin, an amalgam of methyl salicylate, capsaicin, lidocaine, and menthol, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last line agent, for the applicants who have responded to or are intolerant of other treatments. Here, however, there was/is no clear or compelling evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound at issue. Therefore, the request is not medically necessary.