

Case Number:	CM15-0015930		
Date Assigned:	02/04/2015	Date of Injury:	05/20/1991
Decision Date:	06/11/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 66 year old female, who sustained an industrial injury on 05/20/1991. The mechanism of injury was not provided. The diagnoses have included nerve root compromise, cervical disc displacement, cervical pain, lumbar disc displacement, lumbar facet hypertrophy, lumbar sprain/strain, right knee medial meniscus tear, right knee pain, left knee medial meniscus tear, and left knee pain. Noted treatments to date have included surgery and medications. Diagnostics to date have included cervical x-rays on 10/25/2014, which showed status post hemi-laminectomies with hardware in place. In a progress note dated 11/19/2014, the injured worker presented with complaints of frequent moderate sharp neck pain radiating to bilateral shoulders with numbness, tingling, and weakness. The treating physician reported injured worker's relief from medications and rest. Utilization Review determination on 01/07/2015 non-certified the request for Internal Medicine Consultation, Pantoprazole 20mg #60, Flector Patch 1.3% #90, and Ambien 5mg #90 and modified the request for Tramadol ER 100mg #45 to Tramadol ER 100mg #35 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7-Independent Medical Examinations and Consultations, pages 127, 156 Official Disability Guidelines (ODG), Pain Chapter, Office visit.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Society of General Internal Medicine <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review indicated the request was for preoperative clearance for a proposed surgery. This review presumes that surgery is planned and it will occur. There is no medical necessity for this request if surgery does not occur. Given the above, the request for an internal medicine consult is medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs) FDA (Pantoprazole (Protonix)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate risk or higher for gastrointestinal events. The documentation indicated the injured worker was utilizing naproxen for inflammation and pain and was to use pantoprazole for stomach protection. However, there was a lack of documentation of efficacy for the requested medication. Additionally, as there was no documentation indicating the injured worker had dyspepsia or signs and symptoms of dyspepsia, this medication would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole 20 mg #20 is not medically necessary.

Flector patch 1.3% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Flector patches FDA (Flector patch).

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. Clinical documentation submitted for review failed to provide the injured worker had a trial and failure of antidepressant and anticonvulsant. Additionally, there was a lack of documentation indicating a necessity for both a topical and oral form of an NSAID. There was a lack of documentation indicating the injured worker had osteoarthritis. The request as submitted failed to indicate the body part to be treated and failed to indicate the frequency for the requested medication. Given the above, the request for Flector patch 1.3% #90 is not medically necessary.

Ambien 5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ambien (Zolpidem) FDA (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, 7-10 days. Clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 5mg #90 is not medically necessary.

Tramadol ER 100mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the injured worker had undergone urine drug screens. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 100 mg #45 is not medically necessary.