MAXIMUS Federal Services

Case Number:	CM15-0023486		
Date Assigned:	02/13/2015	Date of Injury:	09/27/2010
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 59 year old male, who sustained an industrial injury on September 27, 2010. His diagnoses have included right shoulder with post-traumatic arthrosis of the acromioclavicular joint, right shoulder status post 2 shoulder surgeries with 2 cardiology consultation resection with residuals, rule out rotator cuff tear, left foot/ankle pain and instability, right knee medial meniscus tear with medial compartment, arthritis and subluxation of the tibia and femur. Treatment to date has included right total knee replacement, post-operative physical therapy and medication. Imaging of the bilateral shoulder reveals a right 2 cardiomyopathy distal clavicular resection with no anchors and the left shoulder revealed a 2 cardiomyopathy distal claviculectomy resection with no anchors. There is no evidence of a fracture. Currently, the injured worker complains of severe pain in the right shoulder, mild pain in the right knee, and severe pain in the left ankle and foot. The injured worker describes his pain as a 9-10 on a 10 point scale. His activity is limited due to the pain. On examination, the injured worker has stiffness of posture on the right shoulder and his movement is guarded. On palpation of the neck, the injured worker has tenderness and spasms. The shoulders have tenderness and trigger points. The injured worker has a stiff antalgic gait on the left primarily with slight stiffness on the right. He exhibits tenderness to palpation of the left knee. On January 16, 2015 Utilization Review non-certified a request for Naproxen 550mg #60, Tramadol 150 mg #60, Topical cream with gabapentin, tramadol and ketoprofen, Prilosec 20 mg #30 and Urinalysis toxicology, noting that there is no documentation to support the subjective or objective benefit from the use of Naproxen or Tramadol; noting that the injured worker's provider had not incorporated prior urine drug

screens into his previous medication prescription regimen; noting that there is not documentation of failure of trials of antidepressants and anticonvulsants prior to the use of topical creams; noting that topical gabapentin is not indicated and ketoprofen is not supported; and noting that the documentation provided does not indicate the injured worker has a complaint of gastritis, gastroesophageal reflux disease, or dyspepsia. The California Medical Treatment Utilization Schedule was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of Naproxen 550mg #60, Tramadol 150 mg #60, Topical cream with gabapentin, tramadol and ketoprofen, Prilosec 20 mg #30 and Urinalysis toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, Naproxen.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has had prior use of on NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and

documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of Tramadol requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

U/A tox request date 1/12/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, previous urine drug testing has been documented. However, the provider did not document the prior test results in the medication prescription. In addition, Tramadol was not found to be medically necessary. Medical necessity for the requested testing has not been established. Therefore, the requested urine drug screenings are not medically necessary.

Topical creams Gabapentin, Tramadol, and Ketoprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound(s) includes Gabapentin, Tramadol, and Ketoprofen. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines, and there is no peer-reviewed literature to support its use.

Tramadol is not recommended as a first line therapy. Ketoprofen is not currently FDA approved for a topical application, and has an extremely high incidence of photocontact dermatitis. Medical necessity for the requested topical medications has not been established. The requested topical creams are not medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), PPI's Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI's.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age 65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient had any GI symptoms or risk factors. Therapy with a PPI is not medically necessary for this patient. In addition, the request for Naproxen was found to be not medically necessary, which would mean that the Prilosec would not appear to be medically necessary for this patient. Medical necessity for Prilosec has not been established. The requested medication is not medically necessary.