

Case Number:	CM15-0063244		
Date Assigned:	04/09/2015	Date of Injury:	05/10/2011
Decision Date:	06/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/02/2015

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, Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 05/10/2011. The injured worker is currently diagnosed as having right knee arthritis and right knee chondromalacia. Treatment to date has included right knee MRI and medications. In a progress note dated 03/17/2015, the injured worker presented with complaints of bilateral knee pain. The documentation indicated the injured worker's medications helped by 30% and allowed him to walk, stand and walk on an incline with less pain. The injured worker was noted to run out of medications and requested a refill. The injured worker underwent a urine drug screen. The current medications included lisinopril, Ultram ER, Anaprox DS, and Prilosec. The treatment plan included viscoelastic supplementation injections, a medial unloading brace, Anaprox, omeprazole, and tramadol, as well as gabacyclotram cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox-DS tablets, sodium 550mg, #60 with 1 refill, dispensed 3/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and an objective decrease in pain. The rationale for a refill was not provided. The frequency was not provided per the submitted request. Given the above, the request for Anaprox-DS tablets, sodium 550mg, #60 with 1 refill, dispensed 3/17/15 is not medically necessary.

Prilosec DR capsules 20mg, #60 with 1 refill, dispensed 3/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68, 69.

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 provide the efficacy for the medication. The rationale for a refill was not provided. The request as submitted failed to indicate the frequency for the requested medication. Additionally, as the NSAID was not medically necessary, this medication would not be medically necessary. Given the above, the request for Prilosec DR capsules 20mg, #60 with 1 refill, dispensed 3/17/15 is not medically necessary.

Ultracet tablets 325mg-37.5mgt, #60 with 1 refill, dispensed 3/17/15: 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), Opioids, specific drug list; Opioids, criteria for use.

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. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation of objective functional improvement and an objective decrease in pain. The rationale for a refill without re-evaluation was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultracet tablets 325mg- 37.5mgt, #60 with 1 refill, dispensed 3/17/15 is not medically necessary.

Gabacyclotram cream 180gm, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Gabapentin, Tramadol Page(s): 41, 111, 113, 82. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are 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. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. Additionally, the approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for 2 forms of tramadol, including an oral and topical form. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the body part and the dosage to be utilized and the frequency. Given the above, the request for gabacyclotram cream 180gm, unspecified quantity is not medically necessary.