

Case Number:	CM13-0008510		
Date Assigned:	12/04/2013	Date of Injury:	07/09/2007
Decision Date:	01/31/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male who reported an injury on 07/09/2007. According to the documentation, the patient has been diagnosed with carpal tunnel syndrome, tendonitis of the wrist, and edema. The patient reportedly underwent arthroscopic left wrist surgery in 02/2013; although the operative report has not been provided. The patient reportedly had improvement in his symptoms following the surgery and was declared permanent and stationary by his physician. On 11/21/2013, the patient was seen again for references of a painful and weakness in his left hand, as well as his wrist, which are not any better. Objective findings note that the patient has pain, tenderness, and swelling, but no redness or ecchymosis noted. The treatment plan on that date included the patient using ice packs for fifteen minutes. As of 07/10/2013, the patient had been utilizing oral medications, as well as topical medications to include Terocin lotion, hydrocodone 2.5/325 mg, omeprazole, hydrocodone/APAP 10/325 mg, and nabumetone 750 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 2.5/325mg x 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Under California Medical Treatment Utilization Schedule (MTUS), it states that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important; therefore, to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. Guidelines also indicate there should be documentation of the 4 A's to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation dated 07/2013 notes the patient had been utilizing hydrocodone 2.5/325 mg at night. However, there is no objective information indicating how effective this medication was pertaining to the patient's functional improvement and pain reduction. Therefore, at this time, the medical necessity cannot be determined, based on the lack of objective measurements needed to verify that the medication he was using was effective. As such, the requested service is not supported

Hydrocodone/APAP 10/325mg x 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Under California Medical Treatment Utilization Schedule (MTUS), it states that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important; therefore, to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. Guidelines also indicate there should be documentation of the 4 A's to include analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors. The documentation back on 07/2013 notes the patient had been utilizing hydrocodone 10/325 mg. However, there is no objective information from that day forward indicating this medication was effective at controlling or reducing the patient's pain. Furthermore, there is nothing indicating that the medication improved his ability to perform activities of daily living. Therefore, at this time, the medical necessity cannot be determined, based on the lack of objective measurements needed to verify that the medication's efficacy. Therefore, without this objective information, the requested service cannot be warranted. As such, the requested service is not supported.

Nabumetone 750mg x 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Under California Medical Treatment Utilization Schedule (MTUS), it states that Nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain; and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. As noted in the documentation dated 09/13/2012, the patient does have problems with gastritis. The documentation did state the patient was taking Prilosec to help counteract that. However, regarding the efficacy pertaining to the use of nabumetone, there is nothing in the documentation stating this medication has been useful in reducing the patient's overall pain. Therefore, the medical necessity for continuation of use of nabumetone cannot be established. As such, the requested service is non-certified.

Omeprazole 20mg x 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Under California Medical Treatment Utilization Schedule (MTUS), it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor, for example, omeprazole. As noted in the documentation, the patient has been diagnosed with gastritis. Previously, he had used Prilosec to help counteract this problem. However, at this time, it is unknown if the patient is still suffering from the gastrointestinal problem, as there has not been mention of it since 2012. Therefore, at this time, the medical necessity for the continuation of the use of omeprazole cannot be determined. As such, the requested service is non-certified.

Terocin Lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112.

Decision rationale: Monotherapy or in combination for pain control (including Nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local Anesthetics, anti-depressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, Cannabinoids, Cholinergic receptor agonists, $\hat{1}^3$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin lotion contains the ingredient capsaicin, which is listed under the non-recommended ingredients per California Medical Treatment Utilization Schedule (MTUS). Therefore, although the patient has ongoing chronic wrist pain,

the requested service for Terocin lotion cannot be warranted due to the non-recommended ingredient capsaicin being found within the ingredients. As such, the requested service is non-certified.