MAXIMUS Federal Services

Case Number:	CM13-0014135		
Date Assigned:	11/06/2013	Date of Injury:	02/01/2005
Decision Date:	01/06/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 California. 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 underlying date of injury in this case is 02/01/2005. The primary diagnosis is a lumbar sprain. The patient is a 54-year-old female with accepted injuries to the wrists and to the low back. Her reported diagnoses include status post right carpal tunnel release September 2010, low back pain not responsive to past facet injections, and depression. An appeal of 11/13/2013 by the treating physician notes regarding medication needs, this patient is being treated with Vicodin for pain and naproxen for anti-inflammatory, and gabapentin for neuropathic pain. That note indicates that the patient has constant daily pain in the right wrist and right hand and low back and that Vicodin decreases the pain to 3/10 and allows her to be more functional, that patient also has numbness and tingling in the hand and that the medications are for the purpose of managing the patient's symptoms. An initial physician review in this case recommended modification/noncertification of Vicodin given that this injury is 8 1/2 years ago, there is no pain contract, and there is very limited discussion of benefit versus functionality. That reviewer recommended modification of chiropractic to 6 visits given that written documentation of functional improvement and benefit from a prior series of 6 chiropractor sessions had been provided. That review recommended noncertification of Prilosec given the lack of documentation of specific risk factors to support this request. That request also recommended noncertification of Medrox for reasons including non-recommended consultation of capsaicin of 0.0375% within this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #60 prescribed on 8/21/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for continued use of opioids. In part, past physician review recommended noncertification of Vicodin due to the lack of a pain contract; that is not explicitly required in the guidelines. However, the guidelines do very much encourage documentation of the 4 domains of opioid management, particular functional benefit from opioids. The records in this case instead appear to recommend ongoing notably chronic use of opioids based essentially on subjective symptoms without the other elements in the 4 domains of opioid management. This treatment does not meet the treatment guidelines. The request for Vicodin 500mg is not medically necessary and appropriate.

12 sessions of chiropractic manipulation of the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that elective/maintenance care is not medically necessary, but that treatment for recurrences/flare-ups necessitate reevaluation of treatment success, if return to work achieved then 1-2 visits every 4-6 months. This treatment request substantially exceeds the guideline recommendations for recurrence or a flare-up of symptoms. Additionally, elective/maintenance care would not be medically necessary. For these reasons, overall the records do not support that this treatment is indicated. The request for chiropractic treatment is not medically necessary and appropriate.

Vicodin 5/500mg #60 prescribed on 7/24/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for continued use of opioids. In part, past physician review recommended noncertification

of Vicodin due to the lack of a pain contract; that is not explicitly required in the guidelines. However, the guidelines do very much encourage documentation of the 4 domains of opioid management, particular functional benefit from opioids. The records in this case instead appear to recommend ongoing notably chronic use of opioids based essentially on subjective symptoms without the other elements in the 4 domains of opioid management. This treatment does not meet the treatment guidelines. The request for Vicodin 500mg prescribed on 7/24/13 is not medically necessary and appropriate.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications and gastrointestinal (GI) symptoms Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that drugs like Prilosec are recommended if the patient is at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer or GI bleeding, concurrent use of aspirin or high-dose/multiple antiinflammatory medications. The patient does not clearly meet these criteria. The rationale indication for the requested peripheral ongoing gastrointestinal prophylaxis is not apparent. The request for Prilosec is not medically necessary and appropriate.

Medrox patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records in this case do not meet this guideline to support an indication for Medrox. Additionally, the same guideline on page 112 states there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. For this reason as well, the guidelines do not support the 0.0375% concentration of capsaicin in Medrox. The request for Medrox patches is not medically necessary and appropriate.