

Case Number:	CM13-0017210		
Date Assigned:	10/11/2013	Date of Injury:	02/04/2007
Decision Date:	01/28/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/27/2013

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 and rehabilitation, has a subspecialty in Interventional Spine, 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.

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 48-year-old with an injury date from 2/04/07. The diagnoses include, cervical discopathy, bilateral shoulder internal derangement, right shoulder impingement syndrome with tendinosis, left carpal/cubital tunnel/double crush syndrome, status post right carpal tunnel release, and lumbar discopathy/radiculitis, as indicated on visit the 7/17/13 report of [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 8 - 9, and 67 - 68..

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is

no mention of improved pain, or improved function or improved quality of life with the use of naproxen. The Chronic Pain Medical Treatment Guidelines do not recommend continuing treatment if there is not a satisfactory response. The request for 100 Naproxen 550mg is not medically necessary or appropriate.

18 Sumatriptan Succinate 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines Page(s): 8 - 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter for Triptans.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of sumatriptan. The check-box template that [REDACTED] uses on 7/23/13 states this was for headaches, but the 7/17/13 report does not list a diagnosis of headaches and there are no subjective or objective findings of headaches. The request is not in accordance with ODG guidelines and without a discussion of efficacy, continued use is not in accordance with MTUS guidelines on pain outcomes and endpoints. The request for 18 Sumatriptan Succinate 25mg is not medically necessary or appropriate.

120 Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 64..

Decision rationale: The Physician Reviewer's decision rationale: The records show the patient has been on cyclobenzaprine since 5/8/13, at least 8 weeks. The Chronic Pain Medical Treatment Guidelines specifically states cyclobenzaprine is not to be used over 3-weeks. The request is not in accordance with the Chronic Pain Medical Treatment Guidelines. The request for 120 Cyclobenzaprine 7.5mg is not medically necessary or appropriate.

120 Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68 - 69.

Decision rationale: The Physician Reviewer's decision rationale: The 7/23/13 check-box template from [REDACTED] states omeprazole was for the patient's "GI symptoms," but according to the corresponding examination report from 7/17/13, there is no subjective or objective mentioning of GI (gastrointestinal) symptoms. There is no GI diagnosis listed. There is no rationale provided for the omeprazole, and the patient does not appear to meet any of the Chronic Pain Medical Treatment Guidelines criteria for omeprazole, such as due to NSAIDs (non-steroidal anti-inflammatory drugs) or a history of GERD (gastroesophageal reflux disease). The request is not in accordance with the Chronic Pain Medical Treatment Guidelines. The request for 120 Omeprazole 20mg is not medically necessary or appropriate.

60 Ondansetron 8mg: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: MTUS/ACOEM did not discuss antiemetics for nausea from cyclobenzaprine and analgesics. The ODG guidelines were consulted. The ODG specifically states this is not recommended for nausea and vomiting secondary to opioid use. The request is not in accordance with ODG guidelines. The request for 60 Ondansetron 8mg is not medically necessary or appropriate.

30 Madrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111 - 113.

Decision rationale: The Physician Reviewer's decision rationale: Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. The Chronic Pain Medical Treatment Guidelines guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." the compound also contains Capsaicin 0.375%, and the Chronic Pain Medical Treatment Guidelines for capsaicin 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." The Chronic Pain Medical Treatment Guidelines does not appear to support the use of 0.375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The request for 30 Madrox patches is not medically necessary or appropriate.

90 Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tramadol Section Page(s): 8 - 9, 80, 82, and 84..

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on the efficacy of the medications and the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of tramadol ER. The request for 90 Tramadol ER 150mg is not medically necessary or appropriate.