

Case Number:	CM13-0024170		
Date Assigned:	11/20/2013	Date of Injury:	04/11/2012
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/13/2013

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 Pain Management 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:

This is a male patient with a date of injury of April 11, 2012. A utilization review determination dated September 10, 2013 recommends, partial certification for Norco, noncertification for hydrochlorothiazide, noncertification for Medrox patches, noncertification for Prilosec, and noncertification for Terocin cream. Naproxen #60 was recommended for certification. A request for authorization dated September 12, 2013 identifies subjective complaints stating, "the patient tells me today that he still has persistent pain in the right shoulder. Pain is at 7 - 8/10 on the pain scale. The pain is also at the area between the neck and right shoulder. Constant pain in the neck decreases the movement of the neck. Right shoulder pain also decreases his level of activities during the day. The patient does some chores such as laundry. He is able to do self-care without assistance. The patient maintains physical functioning by utilizing the gym 3 times a week. He admits insomnia and depression and the patient is currently under the care of [REDACTED] who prescribed Remeron for insomnia and depression." Objective findings identify "blood pressure is 157/107 and pulse 93. The patient is not in acute distress. He is asymptomatic. Right upper extremity abducts to approximately 100°." Past medical history identifies hypertension. Diagnoses include rotator cuff tear status post surgical intervention, discogenic cervical condition, depression, weight gain of 10 pounds, and hypertension. The treatment plan states that the patient will be undergoing surgery on September 23, 2013 for right shoulder arthroscopy, rotator cuff repair, biceps release, and evaluation of labrum and stabilization. The note indicates that he received a prescription for Norco #120 for postop pain. The note also states that [REDACTED]. [REDACTED] started this patient on hydrochlorothiazide at last visit, so that his blood pressure can be somewhat controlled prior to surgery; for that I wrote a prescription for hydrochloro

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide 25mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/Hydrochlorothiazide

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com, <http://www.drugs.com/pro/hydrochlorothiazide.html> and www.emedicine.medscape.com, <http://www.emedicine.medscape.com/article/241381-overview>

Decision rationale: Regarding the request for hydrochlorothiazide, the California MTUS guidelines and the Official Disability Guidelines (ODG) do not contain criteria for the use of this medication. Drugs.com indicates that hydrochlorothiazide is a diuretic and antihypertensive medication. Emedicine.com states that hypertension may be primary, which may develop as a result of environmental or genetic causes, or secondary, which has multiple etiologies, including renal, vascular, and endocrine causes. They go on to state that the diagnosis includes accurately measuring the patient's blood pressure, performing a focused medical history and physical examination, and obtaining results of routine laboratory studies, and a 12-lead electrocardiogram should also be obtained. Guidelines go on to state that most groups including the JNC, American Diabetes Association, and American Heart Association recommend lifestyle modification as the 1st step in managing hypertension. Furthermore, if lifestyle modifications are insufficient to achieve the goal blood pressure, there are several drug options for treating and managing hypertension. Within the documentation available for review, there is no indication that the patient has had adequate workup for the diagnosis of hypertension. Additionally, there is no indication that the patient has tried lifestyle changes prior to the initiation of medication for the treatment of hypertension. Finally, despite the prescription of hydrochlorothiazide, the patient's blood pressure remains high. The initiation of the hydrochlorothiazide was stated to be for blood pressure control prior to surgery. However, it does not appear that the blood pressure was improved prior to surgery, and the surgery was still performed. In the absence of clarity regarding these issues, the currently requested hydrochlorothiazide is not medically necessary

Medrox patches, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate and Topical Analgesics Page(s): 105,111-113.

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

Decision rationale: Regarding request for Medrox, Medrox is a combination of methyl salicylate, menthol, and capsaicin. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most

studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, it appears that the topical NSAID is being concurrently used with an oral NSAID. This would significantly increase the risk of complications from this medication class. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Medrox is not medically necessary.

Prilosec 20mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: Regarding the request for Prilosec 20 mg #30, the Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors for patients that are on high-dose NSAIDs, and are therefore at high risk of gastrointestinal events. The ODG recommends proton pump inhibitors for patients who have a high-risk for gastrointestinal events. It appears that the omeprazole was previously denied due to lack of documentation of gastrointestinal (GI) complaints. Within the documentation available for review, it is clear that the patient is being instructed to take high-dose nonsteroidal anti-inflammatory medication. The patient recently had naproxen 550 mg #60 recommended for certification. Additionally, the requesting physician has now documented that the patient has gastrointestinal upset. Therefore, as the patient is being prescribed high-dose nonsteroidal anti-inflammatories, and has complaints of GI upset, the use of Prilosec for gastrointestinal prophylaxis is medically necessary.

Terocin cream 4oz, #1: Upheld

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

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

Decision rationale: Regarding request for Terocin, Terocin is a combination of methyl salicylate, menthol, Lidocaine and capsaicin. The Chronic Pain Medical Treatment Guidelines

state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Furthermore, it appears that the topical NSAID is being concurrently used with an oral NSAID. This would significantly increase the risk of complications from this medication class. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.

Norco 5/325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 76-79.

Decision rationale: Regarding the request for Norco, the California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Norco was denied due to "a pain contract is not mentioned in the records provided to this reviewer. Discussion with respect to weaning, change in medications, orientation, functionality, and benefit have not been documented." However, a pain contract is not an absolute requirement of guidelines. Additionally, it appears that the Norco was being prescribed for postoperative use only. The documentation provided for review does not indicate that the patient had been taking Norco on a long-term basis prior to the surgical procedure. Therefore, documentation of functionality and benefit would not be expected. Additionally, the patient has undergone a psychiatric assessment which identified no specific risk factors for the use of opiates. Furthermore, there is indication that the patient did undergo surgery on September 23, 2013. Therefore, the use of Norco 90 pills for the postoperative period is medically necessary.