

Case Number:	CM13-0033523		
Date Assigned:	12/06/2013	Date of Injury:	06/14/2010
Decision Date:	04/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/10/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 46 year old male who was injured on 6/15/2010. The subjective complaints are bilateral upper extremity pain, muscle spasm and depression. There was no significant objective findings in the available medical records dated 10/9/2013 from [REDACTED]. The patient was stated to be able to lift greater than 14 lbs and walk more than one mile. The diagnoses are CRPS bilateral upper extremities and depression. Past treatment reported consists of use of a TENs unit, occupational therapy, stellate ganglion blocks and functional restoration program. For the chronic medication treatment the following are listed; Norco, Prilosec, Medrox cream, Promolaxin, gabapentin, baclofen and Naprosyn ES. Additional medications listed are Effexor and Tizanidine for the treatment of depression and muscle spasm. The patient attends monthly Office visits for medication management. A utilization review by [REDACTED] recommended non-certification of Prilosec, Baclofen, Medrox cream, Promolaxin, Norco 5/325mg and Naprosyn ES. There was modified certification for gabapentin and Office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF MEDROX CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of topical creams containing Capsaicin for chronic musculoskeletal pain. There is no advantage to the use of compound formulation of capsaicin in the form of Medrox cream over simple capsaicin preparations. Consequently, the request for a prescription of Medrox cream is not medically necessary and appropriate.

PRESCRIPTION OF PRILOSEC 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of gastrointestinal protective medications to prevent NSAID induced gastritis. This patient does not have a history of gastritis, GERD or prior NSAID induced upper gastrointestinal symptoms. Therefore, the request for Prilosec 20mg #60 is not medically necessary and appropriate.

PRESCRIPTION OF GABAPENTIN 300MG, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of antiepileptics in the treatment of neuropathic pain caused by CRPS. The medical records indicate that the 600mg tid dosage is effective in controlling pain and restoring function for this patient. Therefore, the request is medically necessary and appropriate.

PRESCRIPTION OF OMEPRAZOLE 20MG. #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of gastrointestinal protective medications in patients who are on chronic NSAID treatment. This patient did not

have documented history of gastritis, GERD or prior NSAID induced upper gastrointestinal adverse effects. Therefore, the request is not medically necessary and appropriate

PRESCRIPTION OF BACLOFEN 10MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of antispasmodics in the treatment of chronic muscle spasm. The patient did not have documented central nervous system or spinal cord injury associated chronic spasticity. Chronic use of antispasmodics such as Baclofen is not recommended by the MTUS Chronic Pain Guidelines for routine treatment of superficial muscle spasm. The request is not medically necessary and appropriate.

PRESCRIPTION OF NAPROSYN EC 500mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of NSAID for the treatment of chronic musculoskeletal pain. Intermittent use of Naproxen is safe and effective for the treatment of musculoskeletal pain during periods of acute exacerbation of pain. This patient has not reported any side effect to the use of Naprosyn. The request is medically necessary and appropriate.

PRESCRIPTION OF NORCO 5/325MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of chronic opioid treatment for the management of chronic musculoskeletal pain. The opioid medication was scheduled to be weaned when the patient participated in a functional restoration program in January 2013. At that time, the patient was reporting opioid induced side effects such as sedation. Subsequent medical records indicated that the patient was off opioid medications. There are no opioid monitoring measures such as pills counting, pain contract or urine drugs

screen records available for this review. The request is therefore not medically necessary and appropriate.

PRESCRIPTION OF PROMOLAXIN 100MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of bowel prophylaxis to prevent constipation during chronic opioid treatment. The medical records available for this review did not indicate that the patient has a history of opioid induced constipation. The records indicated that the patient is either off opioid medications or in a weaning program. The recent record is unclear on the current opioid treatment status. The request is therefore not medically necessary and appropriate.

MONTHLY MEDICATION MANAGEMENT OFFICE VISITS, #6: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines address the frequency of office visits for patients on medications for the treatment of chronic pain. For the first six months during initiation and titration of chronic opioid therapy, monthly office visits are recommended. After six months of treatment when the dosage is stabilized and adverse effects are addressed, frequent office visits are no longer necessary. Clinic visits at two monthly intervals is adequate for evaluations of this stable patient. The request is medically necessary and appropriate.