MAXIMUS Federal Services

Case Number:	CM13-0038336		
Date Assigned:	01/24/2014	Date of Injury:	05/12/2004
Decision Date:	03/26/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 60-year-old female with a 5/12/04 date of injury. At the time of request for authorization for Norco 10/325 mg, #60; Omeprazole 20 mg, #30; Dendracin top lotion; and 1 referral to [redacted], spine surgeon for possible surgical intervention, there is documentation of subjective (neck and bilateral upper extremity pain) and objective (restricted cervical motion, tenderness to palpation in the cervical spine, and allodynia in the right C5-7 dermatomes) findings, imaging findings (MRI cervical spine (12/27/11) report revealed disc protrusion at C4-6 causing neuroforaminal narrowing), current diagnoses (cervical sprain/strain, a cervical disc bulge, foraminal stenosis, and history of complex regional pain syndrome), and treatment to date (cervical epidural injection, home exercise program, and medications (including Norco since at least October of 2009)). There is documentation of a history of dyspepsia secondary to NSAID. Regarding Norco 10/325 mg, #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and utilization limited to short-term. Regarding Omeprazole 20 mg, #30, there is no documentation of age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. Regarding 1 referral to [redacted], spine surgeon for possible surgical intervention, there is no documentation of the specific surgical intervention requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Norco. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited, as criteria necessary to support the medical necessity of Norco. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, a cervical disc bulge, foraminal stenosis, and history of complex regional pain syndrome. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of Norco since at least October of 2009, there is no documentation of short-term treatment with opioids. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg, #60 is not medically necessary.

Omeprazole 20 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, a cervical disc bulge, foraminal stenosis, and history of complex regional pain syndrome. In addition, there is documentation of a history of dyspepsia secondary to NSAID therapy. However, given documentation that multiple requests for NSAIDS have been recommended non-certified, there is no documentation of concurrent use of ASA and/or an anticoagulant; and/or high dose/multiple NSAID. In addition, there is no documentation of age >

65 years; history of peptic ulcer, GI bleeding, or perforation. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20 mg, #30 is not medically necessary.

Dendracin top lotion: Upheld

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

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

Decision rationale: Dendracin (Capsaicin/Menthol/Methyl Salicylate/ Benzocaine) is a topical analgesic used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, a cervical disc bulge, foraminal stenosis, and history of complex regional pain syndrome. However, Dendracin contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Dendracin top lotion is not medically necessary.

Decision for 1 referral to [redacted], spine surgeon for possible surgical intervention: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms, as criteria necessary to support the medical necessity of surgical consultation. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, a cervical disc bulge, foraminal stenosis, and history of complex regional pain syndrome. In addition, there is documentation of persistent arm symptoms, activity limitation for more than one month, clear clinical and imaging evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms. However, there is no documentation of the specific surgical intervention

requested. Therefore, based on guidelines and a review of the evidence, the request for 1 referral to [redacted], spine surgeon for possible surgical intervention is not medically necessary.