MAXIMUS Federal Services

Case Number:	CM13-0041778		
Date Assigned:	06/09/2014	Date of Injury:	12/08/2010
Decision Date:	09/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 expert 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 63-year-old man who sustained a work related injury on December 8, 2010. Subsequently, he developed right shoulder pain. According to a progress report dated September 18, 2013 the patient still complains of persistent severe right shoulder pain, which radiated down to the right arm with tingling and numbness. He also states that he has depression. He was denied a follow-up with a psychiatrist in february 2013. His physical examination revealed tenderness with spams of the cervical spine paravertebral muscles. There was positive Spurling's test to the right and restricted range of motion. Thye right shoulder range of motion (ROM) was decreased. There was positive impingement sign. The right wrist had reduced sensation. Grip strength was also reduced. The right medial elbow was tender. The patient was diagnosed with cervical radiculopathy, right shoulder internal derangement, status post-arthroscopic repair, right elbow epicondylitis, bilateral moderate carpal tunnel syndrome, and bilateral medial epicondylitis. His treatment included: right shoulder arthroscopic surgery performed on April 15, 2011, physical theray, acupuncture, and medications. The provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDROX PAIN RELIEF OINTMENT TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: Medrox ointment is formed by the combination of methyl salicylate, capsaicin, and menthol. According to California Medical Treatment Utilization Schedule (MTUS), in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to California MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Medrox ointment is not medically necessary.

RETROSPECTIVE ORPHENADRINE ER 100MG 1 TABLET TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY DRUGS Page(s): 66..

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guideline, Orphenadrine is a muscle relaxant with anticholinergic effects. California MTUS guidelines states that a non-sedating muscle relaxants is recommeded with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine ER 100mg is not medically necessary.

RETROSPECTIVE KETOPROFEN 75MG 1 TABLET DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46,47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107..

Decision rationale: There is no documentation that the patient was treated with acetaminophen as a first line. In addition, there is no documentation of acute exacerbation of acute pain. The long-term use of non-steroidal anti-inflammatory drug (NSAID) drug may expose the risk of GI bleed and its efficacy is Questionable. Therefore, the prescription of Ketoprofen 75 mg is not medically necessary.

RETROSPECTIVE OMEPRAZOLE DR 20MG 1 TABLET DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

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

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Omeprazole is indicated when non-steroidal anti-inflammatory drug (NSAID) are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole DR 20mg prescription is not medically necessary.

RETROSPECTIVE HYDROCODONE(VICODIN ES) 7.5/750MG 1 TABLET TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): page(s) 179.

Decision rationale: There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Hydrocodone/Acetaminophen. There are no reports concerning urine drug screens for medication compliance or side effects monitoring. Therefore, the prescription Hydrocodone (Vicodin ES) 7.5/750 mg is not medically necessary.