

Case Number:	CM13-0046612		
Date Assigned:	06/11/2014	Date of Injury:	09/13/2006
Decision Date:	08/01/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 51-year-old female with a date of injury of 9/13/06. The mechanism of injury was cumulative trauma. Her diagnosis was bilateral wrist internal derangement. Her previous treatments were noted to include physical therapy, modified job duties, and medications. The progress note dated 12/11/13 reported that the injured worker had continued bilateral hand pain. The physical examination noted first dorsal compartments were tender to palpation. The grip strength was reduced bilaterally and in the bilateral median nerve distribution. The dorsum of the wrists was exquisitely tender to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 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.

Decision rationale: The injured worker has been taking this medication since at least September 2013. The California Chronic Pain Medical Treatment Guidelines recommend clinicians to determine if the patient is at risk for gastrointestinal events with the use of NSAIDs based on if the age is greater than 65 years, if there is a history of peptic ulcer, gastrointestinal bleeding or

perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. The previous request for Orphenadrine which is an NSAID has been non-certified; this medication was prescribed based on continued use of Orphenadrine. Therefore, the request is not medically necessary.

Orphenadrine ER 100mg #60: Upheld

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

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

Decision rationale: The injured worker has been taking this medication since at least September 2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment in acute exacerbations of the patient's chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding efficacy and improved functional status to warrant Orphenadrine at this time. Additionally, the injured worker has been taking this medication for over 6 months and the guidelines recommend short-term use of this medication. Therefore, the request is not medically necessary.

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The injured worker has been taking this medication since at least September 2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale, improved functional status, side effects, and it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, increased function, adverse effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. As such, the request is not medically necessary.

Capsaicin 0.15% liquid topical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The injured worker has been taking this medication since at least September 2013. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend capsaicin generally as 0.025% formulation (as the treatment for osteoarthritis) and a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. There is a lack of documentation regarding the injured worker being intolerant to other treatments and the formulation of 0.15% capsaicin exceeds guideline recommendations of 0.025%. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.