

Case Number:	CM13-0046662		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2007
Decision Date:	02/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/01/2013

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 & 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. 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:

This is a male patient with the date of injury of April 25, 2007. A progress report dated October 2, 2013 identifies subjective complaints stating that the patient continues to have musculoskeletal pain with stable symptoms from a GI standpoint. Neurologic examination reveals no deficits in the lower extremities. Diagnoses include gastritis secondary to NSAIDs, irritable bowel syndrome, status post H pylori eradication. The treatment plan recommends avoiding all NSAIDs, continuing Dexilent and Gaviscon. A progress report dated July 22, 2013 identifies subjective complaints including pain in the lower back and right shoulder as well as suicidal thoughts. Physical examination identifies reduced range of motion in the lumbar spine with weakness in both lower extremities and limited range of motion of the right shoulder. Diagnoses include status post right shoulder decompression for impingement, status post lumbar anterior discectomy and fusion. Discussion recommends further treatment for the right shoulder consisting of therapy and medications, and further treatment of the lumbar spine consisting of therapy, medications, and pain management. Specifically, recommendations include tizanidine 4 mg BID for muscle relaxation, omeprazole BID for gastritis secondary to pain medications, Colace 200 mg QAM and 100 mg Q p.m. for constipation, and Norco 10/325 mg 1 tablet 3 times a day as needed for breakthrough pain. Additionally, a urine drug test has been requested. A progress report dated February 27, 2013 identifies myospasm in the lumbosacral junction. A urine drug screen performed on August 2, 2013 is negative (despite a hydrocodone prescription).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole BID: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, a treating physician has indicated that the patient has gastric complications as a result of NSAID therapy. The ongoing use of proton pump inhibitors may be indicated for the complete treatment of gastric complications from NSAID therapy. It is acknowledged that the patient is no longer on NSAIDs. However, the gastric complications apparently remain. As such, the currently requested omeprazole is medically necessary.

Colace 200mg in the morning and 100mg at night: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Colace, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. 2nd line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Colace. In the absence of such documentation, the currently requested Colace is not medically necessary.

Norco 10/325mg TID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Norco, 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. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.

Compounded tramadol/gabapentin/camphor/capsaicin/menthol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding request for compounded medication (tramadol, gabapentin, camphor, capsaicin, menthol), 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 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 gabapentin, guidelines do not support the use of topical gabapentin for the treatment of any diagnoses. Additionally, guidelines do not support the use of topical tramadol. Within the documentation available for review, 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. Additionally, guidelines do not support the topical use of gabapentin or tramadol. As such, the currently requested compounded medication (tramadol, gabapentin, camphor, capsaicin, menthol) is not medically necessary.