

Case Number:	CM13-0051576		
Date Assigned:	06/09/2014	Date of Injury:	07/29/2003
Decision Date:	07/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 53-year-old female with a date of injury of 07/29/2003. The listed diagnoses per [REDACTED] are: 1. Cervical spondylosis. 2. Chronic lumbar myofascial pain. 3. Status post bilateral carpal tunnel releases. 4. Bilateral lateral epicondylitis. According to progress report on 09/12/2013 by [REDACTED], this patient presents with complaints of pain in her bilateral elbows and forearms, lower back and neck. She indicates that her recent workload has gone up significantly, and she has pain in her neck radiating to her right upper extremities. She has noted improvement with chiropractic treatments. The patient was prescribed Voltaren 75 mg #60, Terocin lotion 120 ml, Ultram 50 mg twice a day #60 and Prilosec 20 mg #60. Utilization review denied the requests on 10/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF VOLTAREN 75 MG ONE TWICE A DAY QUANTITY 60:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60-61, 22, 67-68.

Decision rationale: This patient presents with complaints of pain in her bilateral elbows and forearms, lower back and neck. The patient reported a flare-up in symptoms due to an increase in workload. The treater is requesting a refill of Voltaren 75mg #90. The MTUS Guidelines page 22 supports use of NSAIDs for chronic low back pain (LBP) as a first line of treatment. Medical records indicate the patient has been taking this medication since at least 06/11/2013. This medication is intended for chronic back pain as a first line of treatment and the treater has reported the patient has returned to work and presents with a flare-up in pain. The request is medically necessary.

ONE PRESCRIPTION OF DENDRACIN LOTION 120 ML QUANTITY 2: Upheld

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

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

Decision rationale: This patient presents with complaints of pain in her bilateral elbows and forearms, lower back and neck. The patient reported a flare-up in symptoms due to an increase in workload. The treater is requesting a refill of Dendracin lotion. Dendracin lotion is a compound topical cream that includes methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The request is not medically necessary.

ONE PRESCRIPTION OF ULTRAM 50 MG ONE TAB TWICE A DAY QUANTITY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89,78.

Decision rationale: This patient presents with complaints of pain in her bilateral elbows and forearms, lower back and neck. The patient reported a flare-up in symptoms due to an increase in workload. The treater is requesting a refill of 50mg #60 to be taken twice a day for pain. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking

the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, activities of daily living (ADLs), adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient was been prescribed Ultram since at least 6/11/2013. There is one subsequent progress report from 09/12/2013, that recommends patient continue Ultram. This report provides no discussions on pain reduction or any specific functional improvement from taking Ultram. The treater also does not provide "pain assessment" or outcome measures as required by MTUS. Given the lack of sufficient documentation, the request is not medically necessary.

ONE PRESCRIPTION PRILOSEC 20 MG ONE TWICE A DAY QUANTITY 60: 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: This patient presents with complaints of pain in her bilateral elbows and forearms, lower back and neck. The patient reported a flare-up in symptoms due to an increase in workload. The treater is requesting a refill of Prilosec 20mg. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic proton pump inhibitor (PPI) or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This patient has been prescribed NSAID and Prilosec concurrently since at least 06/11/2013. Review of subsequent progress report does not provide any discussion of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. The treater does not mention why the patient is being prescribed omeprazole. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not medically necessary.