

Case Number:	CM13-0060444		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2012
Decision Date:	04/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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:

Per the provider's report, 11/05/2013, the listed diagnoses are: 1. Lumbar radiculopathy. 2. Cervical spine sprain. 3. Left medial epicondylitis. 4. Bilateral inguinal hernia, status post repair. 5. Gastropathy secondary to taking pain medications. 6. Anxiety reaction. The patient's presenting symptoms are headaches, left elbow, neck, and low back pain. Pain started to radiate to other parts of her body. The patient received the hip injection with some improvement as well as trigger point injections to the C-spine and has seen some improvement. The patient has completed course of acupuncture treatment and it did help temporarily. However, since she has stopped, the pain has returned. The provider wanted to go ahead and request another course of acupuncture. The patient was to refill her medications, waiting for arrival of TENS unit which has been authorized. Under treatment and plan, lists of medications are Ketoprofen, omeprazole, Orphenadrine, Vicodin, Medrox pain relief ointment. Request for another course of acupuncture 3 times a week for 4 weeks to the neck, back, and left elbow to decrease pain and increase the range of motion. Other pertinent reports include 01/14/2014 report for work status stating that the patient has reached maximum medical improvement as permanent and stationary. 02/12/2014 report is a short handwritten report where the patient apparently underwent EGD.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS TO THE NECK, BACK, AND LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with persistent neck, low back, upper, and lower extremity pain. The treating physician has asked for additional acupuncture 12 sessions. 11/05/2013 report states that the patient completed a course of acupuncture that helped temporarily with pain that returned after stopping acupuncture. MTUS Guidelines under acupuncture treatments recommend acupuncture treatments for trial of 3 to 6 sessions. Additional acupuncture treatments require documentation of pain and functional improvement. In this case, the prior acupuncture treatments only provided temporary relief of the symptoms with symptoms returning as soon as treatments were stopped. Temporary relief of pain symptoms are inadequate measures for repeating acupuncture treatments. For additional acupuncture treatments, documentation of functional improvement that includes significant change and activities of daily living and reduction of medication or return to work is required. 11/05/2013 report also states that the patient is temporarily totally disabled and one cannot tell that acupuncture has done anything for her for the patient. Recommendation is for denial.

KETOPROFEN 75MG #30: Upheld

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 Page(s): 60, 61.

Decision rationale: This patient presents with pain in low back, neck, upper, and lower extremities. The treating physician is prescribing Ketoprofen. However, one of the diagnoses is that of gastropathy secondary to taking pain medications. The only progress report provided for review was 11/05/2013. This report does not state whether or not this medication is doing anything for the patient. The treating physician only recommends use of this medication but this does not discuss whether or not it is doing anything for this patient. MTUS Guidelines page 60 states that for chronic pain and medication, pain assessment and function must be documented. In this case, there is no discussion regarding the use of Ketoprofen and its efficacy. Furthermore, the provider documents gastropathy and it is not known why the provider is continuing to prescribe this medication. Recommendation is for denial.

OMEPRAZOLE DR 20MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: This patient presents with chronic low back, lower extremity, and neck pain. The provider has prescribed omeprazole but does not explain why this patient is requiring this medication. The listed diagnoses are that of gastropathy secondary to taking pain medications and it is assumed that the patient is having problems with the stomach with the use of NSAIDs. The patient is also prescribed Ketoprofen. MTUS Guidelines do allow for use of PPI, proton pump inhibitor, when patients experienced side effects or stomach irritation from use of NSAIDs. This appears to be the case in this patient based on the patient's list of diagnosis, although the patient's gastric side effects are not documented well. In fact, report from 02/12/2014 which showed that the patient underwent esophagogastric endoscopy. Recommendation is for authorization.

ORPHENADRINE ER 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with chronic pain in neck, low back, and lower extremity. The treating physician has prescribed Orphenadrine, which is a muscle relaxant. MTUS Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the treating physician does not indicate that this medication is being prescribed in a short-term basis. Even the lack of support for chronic use of this medication, and that the patient is prescribed #60 at twice a day, which is a month's supply, recommendation is for denial.

HYDROCODONE/APAP (VICODIN) 5/500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician has prescribed Vicodin #60. Only 2 reports are provided for review. One from 11/05/2013 where the treating physician provides a progress report. The second report, 02/12/2014, is a short handwritten note and does not have much information. The 11/05/2013 report also does not discuss any effectiveness at the use of Vicodin. There are no pain scales, no discussion regarding analgesia, activities of daily living, adverse effects, adverse behavior as required by MTUS Guidelines. There are no discussions regarding outcome measures. For chronic opiate use, MTUS Guidelines require documentation of pain assessment and function compare to baseline, use of numerical scale to denote functional change due to use of medication. In this case, there is no discussion regarding efficacy of this medication. There are

no before and after numerical pain scales, no documentation of significant activities of daily living changes due to use of Vicodin. Recommendation is for denial.

MEDROX PAIN RELIEF OINTMENT: 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 chronic neck, low back, elbow pain. The treating physician has prescribed Medrox topical lotion. Medrox ointment contains capsaicin, menthol, methyl salicylate. MTUS Guidelines states that for compounded topical product, if one of the components are not recommended, then the entire compound is not recommended. In this case, this compounded medication contains capsaicin at 0.0375% concentration. MTUS Guidelines allow 0.025% formulation and does not allow concentration above this level. Given that this compound contains capsaicin at a higher dose than what is allowed, recommendation is for denial.