

<b>Case Number:</b>	CM13-0066435		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 34-year-old female with a 3/17/11 date of injury. At the time of request for authorization for 30 tablets of Norco 5/325mg, 30 Capsules of Omeprazole DR 20mg, and 1 Medrox Pain Relief Ointment 120 grams, there is documentation of subjective (worsening left elbow symptoms and bilateral wrist pain) and objective (tenderness to palpation of the left elbow with mild effusion, decreased range of motion of the left wrist, and edema of the right wrist) findings, current diagnoses (bilateral intersection syndrome, bilateral de Quervain's tenosynovitis, and bilateral ulnar neuropathy at the elbows), and treatment to date (pain medications since at least 3/12/13 and physical therapy). Regarding the requested 30 tablets of Norco 5/325mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; short-term treatment with opioids; and functional improvement with ongoing opioid therapy. Regarding the requested 30 Capsules of Omeprazole DR 20mg, there is no documentation of risk for gastrointestinal events or that the patient is utilizing chronic NSAID therapy, and functional improvement with use of Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review of Norco 5/325mg qty 30 tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Norco. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Within the medical information available for review, there is documentation of diagnose of bilateral intersection syndrome, bilateral de Quervain's tenosynovitis, and bilateral ulnar neuropathy at the elbows. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing therapy with Norco since at least 3/12/13, there is no documentation of short-term treatment and functional improvement with use of Norco. Therefore, based on guidelines and a review of the evidence, the retrospective request for 30 tablets of Norco 5/325mg is not medically necessary.

**Retrospective review of Omeprazole DR 20mg 30 capsules:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs), online version

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of bilateral intersection syndrome, bilateral de Quervain's tenosynovitis, and bilateral ulnar neuropathy at the elbows. However, there is no documentation of risk for gastrointestinal events or that the patient is utilizing chronic NSAID therapy. In addition, given documentation of ongoing therapy with omeprazole, there is no documentation of functional improvement with use of Omeprazole. Therefore, based on guidelines and a review of the evidence, the request for 30 Capsules of Omeprazole DR 20mg is not medically necessary.

**Retrospective review of Medrox Pain Relief Ointment 120 grams qty 1:** 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): 111-113.

**Decision rationale:** Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of bilateral intersection syndrome, bilateral de Quervain's tenosynovitis, and bilateral ulnar neuropathy at the elbows. However, Medrox cream contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Medrox Pain Relief Ointment 120 grams is not medically necessary.