

Case Number:	CM13-0066972		
Date Assigned:	01/03/2014	Date of Injury:	02/05/2013
Decision Date:	04/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Georgia. 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:

The claimant is a 54 year old male presenting with sustained injury on 02/05/2013. The claimant reported pain in the head, neck, low back and right shoulder. The claimant's medications include Hydrocodone, Naproxen, Omeprazole, Restone and a compounded medication. The physical exam was significant for +3 tenderness to palpation of the cervical paravertebral muscles, muscle spasm of the cervical paravertebral muscles, + 3 tenderness to palpation of the L3-L5 spinous processes and lumbar paravertebral muscles, +3 tenderness to palpation of the lateral shoulder and posterior shoulder. The claimant was diagnosed with facial contusion, head contusion, cervical musculoligamentous injury, cervical radiculopathy, lumbar musculoligamentoid injury, right shoulder impingement syndrome, right shoulder myoligamentous injury and loss of sleep

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS Guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Hydrocodone/APAP 10/325 mg, #60 is not medically necessary.

Naproxen 550 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: MTUS Guidelines state that NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Naprosyn. In addition, the medical records validate that the claimant had previous use of NSAIDS. Therefore, Naproxen 550mg is not medically necessary

Omeprazole 20 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but does comment on PPI in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDS are not recommended for long term use as well, due to possible GI side effects and another line of agents should be used, for example acetaminophen. In this case, there is no documentation of gastrointestinal disorder requiring PPI. Omeprazole is therefore, not medically necessary.

Restone 3/100 mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CFSAN/Office of Nutritional Products,

Labeling, And Dietary Supplements, Guidance For Industry: Frequently Asked Questions About Medical Foods. Center For Food And Safety And Applied Nutrition, FDA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Foods

Decision rationale: Restone is a proprietary blend of Melatonin 3m and L-Tryptophan 100mg. Restone is not medically necessary. The Official Disability Guidelines (ODG) on medical food states that "food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation" To be considered, the product must at a minimum meet the following criteria: The product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements; the product must be used under medical supervision. Restone does not meet ODG recommendations; therefore it is not medically necessary

Flurbiprofen 20%, Lidocaine 10 %, Dexamethasone 4%, 240 gm: 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): 111-112.

Decision rationale: Chronic Pain Medical Treatment Guidelines does not cover "topical analgesics that are largely experimental in use with the exception of a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, the guidelines state that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED), only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Per the Chronic Pain Medical Treatment Guidelines, topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. Flurbiprofen 20%, Lidocaine 10 %, Dexamethasone 4%, 240 gm is not medically necessary

Capsaicin 0.375%, Diclofenac 20%, Tramadol 10%, Ketoprofen 10%, Camphor 2%, Menthol 2% gm: 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: Chronic Pain Medical Treatment Guidelines does not cover "topical analgesics that are largely experimental in use with the exception of a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, the guidelines state that topical analgesics such as diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary. Capsaicin 0.375%, Diclofenac 20%, Tramadol 10%, Ketoprofen 10%, Camphor 2%, Menthol 2% gm is not medically necessary