

Case Number:	CM14-0004024		
Date Assigned:	02/05/2014	Date of Injury:	08/01/2005
Decision Date:	07/14/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/10/2014

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 Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 41 year old female who reported an injury on 08/01/2005. The nature and mechanism of the reported injury are unknown. There is a lack of historical data in the submitted records. Per a report of 01/14/2014, her diagnoses include lumbar radiculopathy, chronic first metacarpophalangeal joint dislocation, right wrist internal derangement and right common extender tendon rupture. Her medications included omeprazole DR 20 mg, carisoprodol 350 mg, medrox ointment, tramadol 50 mg, hydrocodone/APAP 10/325 mg and naproxen 550 mg. An MRI of the right wrist of 11/21/2013 found no areas of abnormal signal involving the distal radius or ulna, the bases all metacarpals, prior carpal tunnel release and a 7mm ganglion cyst within the dorsum. There are no other diagnostic data in this chart. There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WEANING OF MEDICATIONS, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-95.

Decision rationale: The request for hydrocodone/APAP 10/325 #60 is non-certified. This 41 year old female injured worker reported an unknown injury on 08/01/2005. She was prescribed hydrocodone/APAP 10/325 one tablet, twice daily. CA MTUS attests that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendations include a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the patient has returned to work or if the patient has improved functioning and pain. Under the subheading Opioids for Chronic Pain, page 80 the recommendations read opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In most cases, analgesic treatment should begin with acetaminophen, aspirin and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern for the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (less than 70 days). Long-term use may result in immunological and endocrine problems. There is no documentation in the submitted chart to attest to appropriate long-term monitoring, evaluations, side effects, how long this worker has been using opioids, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens or collateral contacts. Additionally, the request does not include the frequency of administration. For these reasons, this request for hydrocodone/APAP 10/325 #60 is non-certified.

OMEPRAZOLE DR 20 MG #30: Upheld

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 Page(s): 68-70.

Decision rationale: The request for omeprazole DR 20 mg #30 is non-certified. This 41 year old female injured worker reported an unknown injury on 08/01/2005. There is no clinical evidence of gastrointestinal involvement or risk for gastrointestinal events of this worker in the submitted chart. CA MTUS recommends proton pump inhibitors (PPI) with the cautions of considering age over 65, history of peptic ulcer or GI bleeding, concurrent use of ASA, corticosteroids and/or anticoagulants, high-dose NSAIDs, none of which pertain to this worker. Additionally, the

request does not include the frequency of administration. Therefore this request for omeprazole DR 20 mg #30 is non-certified.

MEDROX 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): 111-114.

Decision rationale: The request for medrox ointment is non-certified. This 41 year old female injured worker reported an unknown injury on 08/01/2005. Her diagnoses include lumbar radiculopathy and right hand /fingers/wrist involvement. There is no clinical documentation of pain measurements or localization. There is no diagnosis of chronic pain in any body part. Medrox ointment contains methyl salicylate 20.00% menthol 5% and capsaicin 0.0375%. CA MTUS guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including capsaicin. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. There is no indication that the 0.0375% formulation is any more effective than the 0.025%, and is thusly not recommended. Additionally, the request does not include the frequency of administration nor the body part(s) to which it should be applied. In addition, the request does not include the frequency. As such, the request is non-certified.

CARISOPRODOL 350 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The request for carisoprodol 350 mg #60 is non-certified. This 41 year old female injured worker reported an unknown injury on 08/01/2005. Her diagnoses include lumbar radiculopathy and right hand /fingers/wrist involvement. CA MTUS 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. They may be effective in reducing pain and muscle tension and increasing mobility. Efficacy appears to diminish over time, and prolonged

use of certain muscle relaxants can lead to dependence. Carisoprodol is not recommended for longer than 2-3 weeks. It is suggested that its main effect is due to generalized sedation and treatment of anxiety. The main side effects are drowsiness and physical and psychological dependence and withdrawal with acute discontinuation. There is no clinical evidence nor documentation of muscle pain, spasticity or quantified range of motion limitations in the submitted chart. There is no documentation of length of use. Additionally, the request does not include the frequency of administration. Therefore, this request for carisoprodol 350 mg #60 is non-certified.