MAXIMUS Federal Services

Case Number:	CM14-0005365		
Date Assigned:	01/24/2014	Date of Injury:	02/28/2008
Decision Date:	08/15/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine 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:

This is a 64-year-old female with a 2/28/08 date of injury. The mechanism of injury was not noted. According to a 1/10/14 progress report, the patient continued to experience pain in both of her wrists. She had pain with repetitive us and increased pain in cold weather. She complained of numbness and tingling for both hands and had radiating pain extending to both hands. She also described weakness for both hands and wrists. The objective findings include, bilateral wrists flexion and extension measures 50 degrees, effusion present, volar ganglion cyst present on the left, upper extremities sensory examination showed decreased sensation over the fingers of the right hand and to the ring and little finger for the left hand. The diagnostic impression is carpal tunnel syndrome, cubital tunnel syndrome. The treatment to date: medication management, activity modification, physical therapy, surgery. Norco was denied because of the absence of intended dosage and quantity. Regarding cyclobenzaprine, the intended dosage and quantity were absent, and the medical necessity for this muscle relaxant medication has not been established. Regarding Prilosec, the patient is currently being prescribed opiates with acetaminophen, which carries an inherent risk of subsequent Gastrointestinal (GI) issues; however, absent the intended dosage and quantity, the medical necessity for this GI protective medication has not been established. Regarding Cyclobenzaprine/tramadol, guidelines do not recommend compound topical analgesic creams for treating neuropathic pain until first-line therapy has failed. There is no documentation of this or documentation that the patient is intolerant to oral medications. Regarding retrospective lab study, absent the specific labs being requested, the medical necessity for this lab study has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO (UNSPECIFIED DOSAGE AND QUANTITY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the strength and quantity of Norco requested are not provided. Therefore, the request for a prescription of Norco (unspecified dosage and quantity) was not medically necessary.

1 PRESCRIPTION OF CYCLOBENZAPRINE (UNSPECIFIED DOSAGE AND QUANTITY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. According to the reports provided, the patient has been on cyclobenzaprine since at least 9/20/13, if not earlier. In addition, there is no documentation of an acute exacerbation to the patient's pain. Furthermore, the strength and quantity were not provided in this request for cyclobenzaprine. Therefore, the request for a prescription of Cyclobenzaprine (unspecified dosage and quantity) was not medically necessary.

1 PRESCRIPTION OF PRILOSEC (UNSPECIFIED DOSAGE AND QUANTITY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68.

Decision rationale: The CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In the reports provided for review, there was no documentation that the patient had GI complaints. In addition, it is not noted that the patient is currently taking an NSAID. Furthermore, the quantity and strength were not provided in this request for Prilosec. Therefore, the request for a prescription of Prilosec (unspecified dosage and quantity) was not medically necessary.

1 PRESCRIPTION OF CYCLOBENZAPRINE/TRAMADOL (UNSPECIFIED DOSAGE AND QUANTITY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25, 28 111-113.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the reports reviewed, this is a request for cyclobenzaprine/tramadol topical compound medication. However, guidelines do not support cyclobenzaprine or tramadol in a topical formulation. A specific rationale as to why cyclobenzaprine/tramadol topical cream was necessary in this patient despite lack of guideline support was not provided. Therefore, the request for a prescription of Cyclobenzaprine/Tramadol (unspecified dosage and quantity) was not medically necessary.

1 RETROSPECTIVE LAB STUDY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK Page(s): 23,64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'.

Decision rationale: The CA MTUS does not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across

drug categories and may not be easily explained by disagreements concerning monitoring regimens. There is no documentation in the reports reviewed as to what type of lab study the physician is requesting. In addition there is no date provided in the retrospective request. Therefore, the request for a retrospective lab study was not medically necessary.