

Case Number:	CM14-0006406		
Date Assigned:	02/07/2014	Date of Injury:	10/22/2001
Decision Date:	07/23/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/16/2014

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:

The patient is a 43-year-old male who has submitted a claim for posttraumatic brain syndrome, major depressive disorder, somatoform disorder, gastroesophageal reflux, and acromioclavicular sprain / strain associated with an industrial injury date of October 22, 2001. Medical records from 2004 to 2010 were reviewed. The patient complained of left shoulder and low back pain. The patient likewise complained of syncopal episodes, cognitive difficulty, and insomnia. Physical examination shoulder restricted range of motion of the left shoulder. The treatment to date has included right shoulder surgery, and medications such as Anaprox, Prilosec, opioids, and topical products. Utilization review from December 13, 2013 denied the request for Anaprox 550 mg, #120 because recent progress report showed that patient had gastrointestinal side effects from its use; denied Mirapex 0.25 mg, #60 because it is not necessary for the compensable injury; and denied Dendracin 120 mg because topical products have few published studies concerning efficacy and safety. The requests for Fexmid 7.5 mg, #120 was modified into #20 for weaning purposes because it is recommended for short-term use only. The requests for Prilosec 20 mg, #120; Ultram 150 mg, #30; Haldol 2 mg, #20; and Norco 10/325 mg, #360, 2 month supply were already certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX DS, 550 MG, TWO TIMES PER DAY (BID) AS NEEDED (PRN), #120:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient complained of right shoulder and low back pain. However, the current clinical and functional status of the patient is unknown. The most recent progress report made available is dated 2010. The medical necessity was not established due to insufficient information. Therefore, the request for Anaprox DS, 550 mg, two times per day (bid) as needed (PRN), #120 is not medically necessary.

NORCO 10/325 MG, #360: Upheld

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

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

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient complained of right shoulder and low back pain. However, the current clinical and functional status of the patient is unknown. The most recent progress report made available is dated 2010. The medical necessity was not established due to insufficient information. Therefore, the request for Norco 10/325 Mg, #360 is not medically necessary.

PRILOSEC 20 MG, TWICE DAILY (BID) AS NEEDED (PRN), #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this

case, patient complained of right shoulder and low back pain. However, the current clinical and functional status of the patient is unknown. The most recent progress report made available is dated 2010. The medical necessity was not established due to insufficient information. Therefore, the request for Prilosec 20 mg, twice daily (BID) as needed (PRN), #120 is not medically necessary.

FLEXMID 7.5 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 63 of the California MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient complained of right shoulder and low back pain. However, the current clinical and functional status of the patient is unknown. The most recent progress report made available is dated 2010. The medical necessity was not established due to insufficient information. Therefore, the request for Fexmid 7.5 Mg, #120 is not medically necessary.

ULTRAM ER, 150 MG: Upheld

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

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

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient complained of right shoulder and low back pain. However, the current clinical and functional status of the patient is unknown. The most recent progress report made available is dated 2010. The medical necessity was not established due to insufficient information. Therefore, the request for Ultram ER, 150mg is not medically necessary.

MIRAPEX 0.25 MG, ONE BY MOUTH (PO) TWICE DAILY, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration.

Decision rationale: Both the California MTUS and ODG do not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Food and Drug Administration guidelines was used instead. Pramipexole (Mirapex) is a dopaminergic antiparkinsonism agent, which can also treat restless leg syndrome. Patient is a diagnosed case of depressive and somatoform disorder. However, the current clinical and functional status of the patient is unknown. The most recent progress report made available is dated 2010. The medical necessity was not established due to insufficient information. Therefore, the request for Mirapex 0.25 Mg, one by mouth (po) twice daily, #60 is not medically necessary.

HALDOL 2MG, #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Food and Drug Administration.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the US Food and Drug Administration was used instead. Haloperidol is an antipsychotic medication used for schizophrenia and tardive dyskinesia. The patient is a diagnosed case of depressive and somatoform disorder. However, the current clinical and functional status of the patient is unknown. The most recent progress report made available is dated 2010. The medical necessity was not established due to insufficient information. Therefore, the request for Haldol 2mg, #20 is not medically necessary.

DENDRACIN ER, 120 MG APPLY THREE TIMES DAILY (TID): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Capsaicin, Topical Salicylate, Topical Analgesics Page(s): 28; 105; 111-113. Decision based on Non-MTUS Citation (ODG), Pain Section, Topical Salicylate.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Dendracin Cream contains three active ingredients, which include: Methyl Salicylate 30%, Capsaicin 0.0375%, Menthol 10%. Regarding Capsaicin in a 0.0375% formulation, California MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an

option when there was failure to respond or intolerance to other treatments. Regarding Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain may in rare instances cause serious burn. Regarding the Methyl Salicylate component, California MTUS states on page 105 that Salicylate Topicals are significantly better than placebo in chronic pain. In this case, patient complained of right shoulder and low back pain. However, the current clinical and functional status of the patient is unknown. The most recent progress report made available is dated 2010. The medical necessity was not established due to insufficient information. Therefore, the request for Dendracin ER, 120 mg apply three times daily (TID) is not medically necessary.