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| Case Number: | CM14-0007604 | | |
| Date Assigned: | 02/10/2014 | Date of Injury: | 05/25/2010 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 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 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 51-year-old female who has filed a claim for right carpal tunnel syndrome associated with an industrial injury date of May 25, 2010. Review of progress notes indicates that physical therapy to the right shoulder resulted in improved range of motion. Findings referable to the bilateral shoulders include tenderness, restricted range of motion in flexion and abduction, and positive impingement sign bilaterally. Regarding the right wrist, findings include tender joint line, decreased grip strength, and reduced sensation in the median nerve distribution. Treatment to date has included NSAIDs; opioids; physical therapy to the right shoulder, wrist, and hand; home exercises; and Medrox ointment. Utilization review from December 17, 2013 denied the request for physical therapy with massage to the bilateral shoulders, right wrist, and right hand as there is no exacerbation of symptoms to warrant further care, and patient should be well-versed in an independent home exercise program at this time; Medrox pain relief ointment as there is no documentation of intolerance to oral pain medications; ketoprofen 75mg #30 as there is no documentation of efficacy; omeprazole DR 20mg #30 as there is no documentation of gastric upset; orphenadrine ER 100mg #60 as there is no documentation of muscle spasm, and this is not recommended for long-term use; and hydrocodone (Norco) #60 as there is no documentation of pain severity or monitoring of medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WITH MASSAGE, FOR BILATERAL SHOULDERS, RIGHT WRIST, AND RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, the patient has had previous physical therapy to the right hand, wrist, and the shoulder. There is no documentation regarding the total number of sessions. Progress notes indicate that the patient is able to practice these exercises at home. There is no indication as to why additional physical therapy visits are necessary when the patient is able to transition to home exercises. In addition, the frequency and duration are not specified. Therefore, the request is not medically necessary.

A REFILL OF MEDROX PAIN RELIEF 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 Capsaicin, topical; Salicylate topicals; Topical analgesics Page(s): 28,105,111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

Decision rationale: An online search indicates that Medrox contains menthol 5%, capsaicin 0.0375%, and methyl salicylate 20%. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, guidelines state that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, the California MTUS Guidelines do not cite specific provisions, but the Official Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over the counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, guidelines state that salicylate topicals are significantly better than placebo in chronic pain. The patient has been on this medication since at least June 2013. There is no documentation regarding failure of or intolerance to first-line oral pain medications. There is no clear indication as to the additional benefits a topical compound would provide beyond the patient's current pain medication regimen. Therefore, the request is not medically necessary.

A REFILL OF KETOPROFEN 75MG (#30): 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 (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. This patient has been on this medication since at least June 2013. There is no documentation regarding the benefits derived from use of this medication. Therefore, the request is not medically necessary.

OMEPRAZOLE DR 20MG #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 & cardiovascular risk Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. This patient has been on this medication since at least June 2013. In this case, there is no documentation regarding the abovementioned risk factors, or of any gastrointestinal symptoms in this patient. Therefore, the request is not medically necessary.

A REFILL OF ORPHENADRINE ER 100MG (#60, PO BID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, non-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 (LBP). They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since at least June 2013. There is no documentation regarding muscle spasms or acute exacerbations of pain in this patient. In addition, this medication is not recommended for long-term use. Therefore, the request is not medically necessary.

A REFILL OF HYDROCODONE (NORCO 5/325MG) (#60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least June 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. There is also no documentation regarding periodic urine drug screens to monitor patient's medication use. Therefore, the request is not medically necessary.