

Case Number:	CM14-0008016		
Date Assigned:	02/12/2014	Date of Injury:	04/18/2010
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
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 Orthopedic Surgery and is licensed to practice in Maryland. 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 33 year old female injured on 04/18/10 due to an undisclosed mechanism of injury. The current diagnoses include bilateral carpal tunnel syndrome status post right carpal tunnel release, cervical disc protrusion at C5-6, and thoracic myofascial pain. The clinical note dated 01/17/14 indicated the injured worker presented complaining of neck and bilateral upper extremity pain. Physical examination of the cervical spine reveals tenderness in the posterior cervical musculature, full range of motion. An examination of the upper extremities reveals full pain-free range of motion of bilateral elbows, wrists, and small joints of the hand. An examination of the right hand demonstrates negative Tinel's sign, normal sensation to light touch and pin prick, proximal and distal grove's muscle, and strength testing is normal. The left hand had a slightly positive Tinel's sign with slight hyperesthesia in the median distribution to light touch and pin prick. Prior documentation indicated the injured worker complained of right upper extremity numbness and tingling, pain to the forearm, as well as left upper extremity pain. The injured worker states medication regimen helps decrease pain symptoms. Physical examination revealed cervical tenderness, cervical and lumbar spine range of motion were decreased throughout all planes, positive Hoffman's test on the right, and sensation intact to bilateral upper and lower extremities. The initial request for Omeprazole 20mg #60, CM4-caps 0.05% plus CYCL 04% #30, Terocin pain patch box 10 patches #1, and Tylenol #3 #30 was initially non-certified on 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole 20MG #60 cannot be established as medically necessary.

CM4-CAPS 0.05 PERCENT + CYCLO4 PERCENT #30: 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 Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, the California Medical Treatment Utilization Schedule (CAMTUS) guidelines, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore CM4-CAPS 0.05 % + CYCLO4 % #30 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

TEROCIN PAIN PATCH BOX (10 PATCHES) #1: 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 Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (CAMTUS) guidelines, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore Terocin Pain Patch Box (10 Patches) #1 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

TYLENOL #3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC TRIAL OF OPIOIDS, Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tylenol #3 #30 cannot be established at this time.