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| Case Number: | CM14-0009999 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 01/06/2009 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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 Management, and is licensed to practice in Texas and Ohio. 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 50 year old male who is reported to have sustained work related injuries as a result of cumulative trauma on 01/06/09. It was reported that he had the gradual development of pain in the wrists, fingers, and arms with numbness and tingling in the upper extremities. Records indicate that on 01/07/09 he underwent a right carpal tunnel release which resulted in some improvement in his right hand symptoms. He continues to have complaints of bilateral upper extremity pain at the shoulders, elbows, wrists, and hands. Records indicate that on 11/18/11, the injured worker underwent a right shoulder arthroscopy. The record notes that the injured worker has undergone electrodiagnostic/nerve conduction velocity (NCV) studies of the upper extremities which revealed a bilateral carpal tunnel syndrome on 03/27/12. The record includes an MRI of the cervical spine dated 05/12/12 which indicates the presence of cervical degenerative disc disease. The injured worker is noted to have a history of medication induced gastritis. He has previously utilized Omeprazole with no benefit. On 12/28/12, the injured worker underwent a left shoulder arthroscopy. Postoperatively, he received physical therapy. The records indicate that the injured worker has a chronic pain syndrome for which he has been prescribed the medications Norco, Prilosec, Medrox cream, Dendracin cream, and Naproxen Sodium. The record includes a utilization review determination dated 12/19/13 which non-certified requests for these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO (HYDROCODONE/ACETAMINOPHEN) 7.5/750MG, EVERY SIX HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 74-80.

Decision rationale: The request for Norco 7.5/750mg every 6 hours is not supported as medically necessary. The submitted clinical records indicate that the injured worker is status post multiple surgeries for reported cumulative trauma injuries. The records indicate that the injured worker has been maintained on Norco for an extended period of time. The record does not indicate that there is a pain management contract or that routine urine drug screens are performed to assess compliance. It additionally would be noted that the FDA recommends against combination medicines containing Acetaminophen at strengths greater than 325mg due to the hepatotoxicity of this medication. Based upon the data provided, the request does not meet California Medical Treatment Utilization Schedule (CA MTUS) guidelines which do not recommend chronic use. Medical necessity has not been established.

PRESCRIPTION OF PRILOSEC (OMEPRAZOLE) 20MG, DAILY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk..

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

Decision rationale: The request for Prilosec 20mg daily is recommended as medically necessary. The records indicate that the injured worker has been identified as having medication induced gastritis for which this medication is indicated according to Official Disability Guidelines (ODG). As the injured worker continues to be maintained on oral medications, the continued use Prilosec is clinically indicated.

PRESCRIPTION OF MEDROX (CAPSAICIN 20% MENTHOL 5% METHYL SALICYLATE 0.0375%) AS NEEDED: 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): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Medications.

Decision rationale: The prescription of Medrox (Capzasin 20%, Menthol 5%, and Methyl Salicylate 0.0375) is not supported as medically necessary. According to the California Medical Treatment Utilization Schedule (CA MTUS), the safety and efficacy of compounded topical medications has not been established through rigorous clinical trials. The record does not provide any data establishing that the use of this topical analgesic results in significant functional improvements.

PRESCRIPTION OF DENDRACIN (BENZOCAINE/MENTHOL/METHYL SALICYLATE) AS NEEDED: 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): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Medications.

Decision rationale: The request for Dendracin (Benzocaine/Menthol/Methyl Salicylate) is not supported as medically necessary. According to California Medical Treatment Utilization Schedule (CA MTUS) guidelines and Official Disability Guidelines (ODG) the safety and efficacy of compounded topical medications has not been established through rigorous clinical trials. The record does not provide any data establishing that the use of this topical analgesic results in significant functional improvements.

PRESCRIPTION OF ANAPROX (NAPROXEN SODIUM) 550MG, 2 TIMES PER DAY: Overturned

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 Page(s): 67-73.

Decision rationale: The request for Anaprox (Naproxen Sodium) 550mg, 2 times per day is recommended as medically necessary. The records indicate that the injured worker has chronic inflammation secondary to multiple surgeries. Imaging studies have indicated the presence of osteoarthritic changes for which this medication would be clinically indicated and therefore, medically necessary.