

Case Number:	CM14-0105239		
Date Assigned:	07/30/2014	Date of Injury:	10/26/2012
Decision Date:	10/14/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 57-year-old female who has submitted a claim for left shoulder strain associated from an industrial injury date of 10/26/2012. Medical records from 2014 were reviewed. Patient complained of left shoulder pain and inability to raise her arm. Her strength in the left upper extremity is decreased. Physical examination revealed decreased range of motion for the left upper extremity. Treatment to date has included oral analgesics, such as Ketoprofen and Norco (since at least March 2014), surgery and physical therapy. Utilization review from 06/04/2014 denied the request for Ketoprofen 75 mg capsule SIG: take 1 daily, #30 with 2 refills because the medical records do not clearly establish when this medication was started or duration of treatment. Long-term use of NSAIDs is not recommended. The same review denied the request for Omeprazole Dr 20 mg capsule SIG: take 1 daily, #30 with 2 refills because the documentation does not describe current GI symptoms or treatment rendered thus far for GI symptoms such as dietary modification, and documentation does not describe risk factors for GI bleed to warrant prophylaxis. The request for Hydrocodone APAP 10/325 tablet SIG: take 2, 3 times a day #180 with 2 refills was also denied because the guidelines recommend that opioids be prescribed at the lowest dose possible to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no description of pain relief provided, such as VAS scores, and no indication of significant functional benefit or return to work. Urine drug screen date and results were also not reported. The request for Medrox pain relief ointment SIG: apply to affected area twice a day with 2 refills was also denied because the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75 mg capsule SIG: take 1 daily, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 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 there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least March 2014. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Long-term use is likewise not recommended. Therefore, the request for Ketoprofen 75 mg capsule SIG: take 1 daily, #30 with 2 refills is not medically necessary.

Omeprazole Dr 20 mg capsule SIG: take 1 daily, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptoms Page(s): 68.

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

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the documentation did not mention any occurrence of gastrointestinal events. The patient is not at intermediate risk for a gastrointestinal event, as she has not met any of the recommended guideline criteria. Therefore, the request for Omeprazole Dr 20 mg capsule SIG: take 1 daily, #30 with 2 refills is not medically necessary.

Hydrocodone APAP 10/325 tablet SIG: take 2, 3 times a day #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

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

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been on Norco since at least March 2014. However, there was no documentation of measurable analgesic benefit or functional improvements with ongoing use. In addition, UDS (urine drug screen) results were not included in the medical records submitted. Medical necessity cannot be established. Therefore, the request for Hydrocodone APAP 10/325 tablet SIG: take 2, 3 times a day #180 with 2 refills is not medically necessary.

Medrox pain relief ointment SIG: apply to affected area twice a day with 2 refills: 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 Salicylate topicals ; Topical Analgesics Page(s): 105; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylates, Topical

Decision rationale: Medrox ointment contains: 0.0375% Capsaicin; 5% Menthol; and 5% Methyl salicylate. California MTUS Chronic Pain Medical Treatment Guidelines states that there are no current indications for Capsaicin formulation of 0.0375% as an increase over a 0.025% formulation would provide any further efficacy. ODG Pain Chapter also states that topical pain relievers that contain: Menthol, Methyl salicylate, and Capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS states that Salicylate topicals are significantly better than placebo in chronic pain. In this case, it is not clear when Medrox ointment was prescribed before this request. Documentation also did not specify failure of trial of oral analgesic medications. Moreover, the capsaicin formulation content of Medrox exceeds guidelines recommendation. Therefore, the request for Medrox pain relief ointment SIG: apply to affected area twice a day with 2 refills is not medically necessary.