

Case Number:	CM14-0010947		
Date Assigned:	02/21/2014	Date of Injury:	10/06/2005
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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 Medicine and is licensed to practice in California and Nevada. 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 53 year old male who sustained an injury on 10/06/05 while lifting a heavy container out of a van. The injured worker slipped sustaining injuries to the neck, right shoulder, and low back. Prior treatment has included physical therapy, multiple surgical procedures for the right shoulder to include subacromial decompression and distal clavicle resection. The injured worker has had a prior functional restoration program in 2009 as well as lumbar facet and epidural steroid injections. The injured worker has also been seen for acupuncture and followed by pain management. As of 12/18/13, the injured worker had continuing complaints of low back pain radiating to the left lower extremity. The injured worker reported limited benefit from prior facet injections or previous epidural steroid injections. Medications at this visit included a topical Capzasin cream, Nabumetone, Protonix, Cyclobenzaprine, Methadone, and Gabapentin. The injured worker was also utilizing a thermacare heat wrap. On physical examination, the injured worker demonstrated decreased sensation in a left S1 distribution. Straight leg raise was positive to the left side. There was intact motor strength in the lower extremities. Medications were continued at this visit. There were recommendations for further epidural steroid injections at this visit. Follow up on 01/15/14 was in regards to persistent pain in the neck, right shoulder, and low back. The injured worker reported good results from current medications to include Methadone. No aberrant medication use was noted. Physical examination was relatively unchanged. Medications continued unchanged. There was again a recommendation for epidural steroid injections for the injured worker. There was also a recommendation for continuing cognitive behavioral therapy at this evaluation. On 02/12/14, the injured worker was seen for complaints of severe right shoulder pain. The injured worker did report some improvement with previous steroid injections for the right shoulder. The injured worker described auditory hallucinations and endorsed suicidal

thoughts without plan or intent. No changes on physical examination were noted. Medications were continued at this visit. Recommendations were for corticosteroid injections in the right shoulder as well as further epidural steroid injections. These had not been approved to date. The injured worker was also recommended for a psychological consult to address the injured worker's suicidal ideation. The requested Capzasin .075% cream, Pantoprazole 20mg, generic Docusate 100mg, and a thermacare heat wrap were all denied by utilization review on 01/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAISIN 0.075% CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to topical capscacin .075% cream, this reviewer would not have recommended this topical analgesic as medically necessary. According to Chronic Pain Medical Treatment Guidelines, topical capscacin can be considered an option in the treatment of neuropathic pain that has failed all other reasonable treatments including oral medications such as antidepressants or anticonvulsants. The injured worker was noted to be taking Gabapentin in conjunction with this topical analgesic. There was no indication of any side effects or intolerance to Gabapentin or indications that Gabapentin was providing no benefit. As topical analgesics such as capscacin are largely considered experimental and investigational in the treatment of chronic pain, outlined by Chronic Pain Medical Treatment Guidelines, and there were no clear indications for use from the injured worker, the request is not medically necessary.

PANTOPRAZOLE 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS AND 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 Chapter, proton pump inhibitors

Decision rationale: In regards to Pantoprazole 20mg, this reviewer would not have recommended this medication as medically necessary. Official Disability Guidelines (ODG) state proton pump inhibitors (PPIs) are indicated for gastritis or acid reflux due oral medications. In review of the clinical documentation, there was no indication of any substantial side effects such as gastritis or acid reflux due to oral medication use which would have required a proton pump inhibitor.. There was also no documentation establishing a diagnosis of gastroesophageal reflux

disease or an active ulcer which would have required a proton pump inhibitor. Therefore, the request is not medically necessary or appropriate.

GENERIC DSS 100MG SOFTGEL: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to Docusate 100mg, this reviewer would have recommended this medication as medically necessary. The injured worker has continued to utilize Methadone as part of his chronic pain management program. A known side effect from long term opioid use is constipation according to the Chronic Pain Medical Treatment Guidelines. Given the risk factors for constipation, Docusate as a prophylactic medication to avoid this condition would have been supported as medically appropriate. Therefore, the request is medically necessary.

THERMACARE HEATWRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hot/Cold Packs

Decision rationale: In regards to the request for a thermacare heat wrap, this reviewer would not have recommended certification for this request. There is no indication in the Official Disability Guidelines (ODG) that a specific thermacare heat wrap system is any more beneficial in addressing chronic musculoskeletal complaints as commercially available over the counter heat pads or hot packs. Given the lack of any clear indication that a thermacare heat wrap was beneficial for this injured worker, the request is not medically necessary.