

Case Number:	CM14-0015440		
Date Assigned:	02/28/2014	Date of Injury:	06/17/2011
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 Physician 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 58 year old female who sustained an injury on 06/17/11 secondary to cumulative trauma of bilateral hands and upper extremities. Previously the injured worker received physical therapy and acupuncture treatment. Multiple injections were completed for the right shoulder. The most recent shoulder injection was completed on 11/21/13. Follow up on 12/03/13 noted a recent fall at a parking lot which worsened symptoms. The injured worker continued to present with tenderness to palpation and spasms in the cervical spine with limited range of motion. Range of motion was limited in the shoulders bilaterally with severe tenderness at the right elbow. Tinel and Phalen's signs were positive at the wrists bilaterally. Strength was overall decreased in the upper extremities. The injured worker was continued on omeprazole 20mg, hydrocodone 5/325mg, and a Medrox pain relief ointment. Other medications included Orphenadrine ER 100mg. The requested omeprazole DR 20mg quantity 30 Norco 5/325mg quantity 60 and Medrox pain relief ointment were denied by utilization review on 01/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20 MG ONCE A DAY #30:

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, ,

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 regard to the use of omeprazole DR 20mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended the medication to be medically necessary.

NORCO 5/325 MG ONE TABLET P.O. B.I.D #60: 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, OPIOIDS,

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

Decision rationale: In regard to the request for Norco 5/325mg quantity 60, the clinical documentation submitted for review is insufficient in establishing that this medication was providing any substantial functional benefit or pain reduction to the injured worker. Short acting narcotics such as Norco can be considered in the treatment of ongoing neuromusculoskeletal pain. Guidelines recommend that there be documented functional improvement and pain reduction in order to support the ongoing use of this type of medication. The clinical documentation did not include any toxicology results or long term opioid risk assessments for risk stratification regarding potential for narcotics abuse or diversion. There is no clear functional benefit or reduction of visual analog scale (VAS) pain scores attributed to this medication to support its ongoing use. Therefore, this reviewer would not have recommended this medication to be medically necessary.

MEDROX PAIN RELIEF OINTMENT B.I.D: 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, ,

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

Decision rationale: In regard to the request for a Medrox pain relief ointment, this reviewer would not have recommended this medication as medically necessary. Medrox pain relief

ointment would largely be considered experimental/investigational in the clinical literature due to the lack of evidence supporting this type of medication in the treatment of chronic pain. Guidelines indicate that a topical analgesic such as Medrox can be considered an option in the treatment of neuropathic symptoms when other oral medications have failed. There is no indication from the clinical records provided for review of any ongoing neuropathic complaints for the injured worker with the exception of carpal tunnel syndrome findings. No sensory loss was identified. There is no clinical documentation regarding failure of first line medications to address neuropathic pain such as an anticonvulsant or antidepressant. Given the lack of any clear indications regarding the use of a topical analgesic such as Medrox this reviewer would not have recommended this medication as medically necessary.