

Case Number:	CM14-0018392		
Date Assigned:	04/18/2014	Date of Injury:	01/01/1999
Decision Date:	08/11/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational Medicine 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:

This is a 56 year-old female with a January 1, 1999 date of injury. The mechanism of injury has not been described. On January 31, 2014 the patient complained of persistent post-operative pain of the right hand. Upon examination, the patient's right hand/wrist showed tenderness at the volar aspect of the wrist first dorsal compartment. The diagnostic impression was cervical discopathy, left shoulder impingement syndrome with rotator cuff tear, and right shoulder impingement syndrome. There was electromyogram (EMG)/nerve conduction velocity (NCV) evidence of bilateral carpal tunnel syndrome. On August 23, 2013 the patient had left carpal tunnel/De Quervain's/trigger thumb release. Treatment to date has included medication management, surgery, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (10mg/325, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (10mg/325, #60).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (10mg/325, #60) Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend opioids for chronic pain. However, failure to respond to a designated course of therapy necessitates reassessment and suggests consideration of alternative therapies. Opiates are recommended for treatment of moderate to severe pain that is presumed to be caused by continual injury as with pain secondary to cancer. The records show no documentation of ongoing pain assessment, visual analogue scale (VAS) scores, or efficacy such as improvement in functionality. In addition, there was no recent progress note provided for review. There is no documentation of Controlled Substance Utilization Review and Evaluation System (CURES) monitoring, urine drug screens, or opiate pain contract. Therefore, the request is not medically necessary.

Cyclobenzaprine HCL (7.5mg, #120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Cyclobenzaprine is a skeletal muscle relaxant with central nervous system depressive effects. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. There is no description of an acute exacerbation of the patient's chronic pain that would benefit from a short-term course of muscle relaxants. In addition, this request is for 120 tablets, which is an excessive amount for a 1-month supply. Cyclobenzaprine is recommended at a three times a day dosage as needed. Therefore, the request is not medically necessary.

Ondansetron (8mg, #30 with 1 refill): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

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: Anti-emetics; and on the Non-MTUS FDA (Ondansetron).

Decision rationale: The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. The California MTUS Guidelines and the Official Disability Guidelines (ODG) do not address this issue. However, The

ODG-TWC Pain Procedure Summary states that the use of an antiemetic for nausea and vomiting secondary to chronic opioid use is not recommended. Nausea and vomiting are common side effects with opioid use. These side effects tend to diminish over days to weeks of continued use. There is no specific rationale provided as to why the patient needs this medication despite lack of guidelines support. Therefore, the request is not medically necessary.

Omeprazole (20mg, #120): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID use. There is no description of chronic NSAID use or gastrointestinal distress in this patient. There is no documentation provided as to why the patient needs Omeprazole. In addition, Omeprazole is a once to twice a day dosing, and this request is for 120 tablets, which is excessive for a 1-month supply. Therefore, the request is not medically necessary.

Tramadol HCL Extended Release (150mg, #90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Chronic Pain Medical Treatment Guidelines recommend opioid use for chronic pain for a designated course of therapy. Failure to respond suggests reassessment of therapy. The patient's complaint of pain and tenderness was over 3 months old. Without recent information, it is not possible to assess the patient's current condition. It is also noted in the literature that the effectiveness of tramadol is a maximum at 300mg per day. Therefore, the request is not medically necessary.

Levofloxacin (750mg, #30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy, 2013, 43rd Edition, page(s) 192-196, table 15B; and on the Non-MTUS ODG-TWC Infectious Diseases Procedure Summary; as well as the Non-MTUS Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford guide to Antimicrobial Therapy.

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines (ODG) do not address this issue. However, peer-reviewed literature concludes that antibiotics should not be routinely administered to patients who undergo clean, elective hand surgery. The use of quinolones is not recommended for procedures other than of a urologic nature. Therefore, the request is not medically necessary.

Terocin Patches (#30): 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. Decision based on Non-MTUS Citation National Library of Medicine's Daily Med Database (dailymed.nlm.nih.gov).

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there is no description of failure of a first-line agent such as gabapentin or Lyrica. In addition, there is no documentation of a prior trial of Terocin patches with documentation of functional improvement, gains in activities of daily living, or ability to decrease pain medications. It is unclear where the patient will be using the patch, the frequency, and duration of use. Therefore, the request is not medically necessary.