

<b>Case Number:</b>	CM14-0111802		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/20/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Management 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:

According to the records made available for review, this is a 61-year-old female with a 12/20/08 date of injury. At the time (6/30/14) of request for authorization for Hydrocodone / APAP 10/325mg #60 with 2 refills, Naproxen Sodium 550mg #30 with 2 refills, Cidaflex #90 with 6 refills, Medrox Pain Relief Ointment, and Omeprazole DR 20mg capsule, there is documentation of subjective (left shoulder and right knee pain) and objective (tenderness and spasms over paravertebral muscle with restricted range of motion, tenderness to palpation over left lateral elbow, positive impingement sign over left shoulder with decreased range of motion, and positive right knee erythema with moderate joint effusion) findings, current diagnoses (cervical sprain, shoulder impingement, carpal tunnel syndrome, and medial epicondylitis), and treatment to date (physical therapy and medications (including ongoing treatment with Omeprazole, Orphenadrine, Medrox ointment, Cidaflex, Hydrocodone/APAP, and Naproxen)). Medical report identifies that medications allows patient to function. Regarding Hydrocodone/APAP, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Cidaflex, there is no (clear) documentation of moderate arthritis pain. Regarding Omeprazole, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone / APAP 10/325mg #60 with 2 refills.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, shoulder impingement, carpal tunnel syndrome, and medial epicondylitis. In addition, there is documentation of ongoing treatment with Hydrocodone/APAP. Furthermore, given documentation that medications allows patient to function, there is documentation of functional benefit and an increase in activity tolerance as a result of Hydrocodone/APAP use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone / APAP 10/325mg #60 with 2 refills is not medically necessary.

**Naproxen Sodium 550mg #30 with 2 refills.: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, shoulder impingement, carpal tunnel syndrome, and medial epicondylitis. In addition there is

documentation of ongoing treatment with Naproxen for pain. Furthermore given documentation that medications allows patient to function, there is documentation of functional benefit an increase in activity tolerance as a result of Naproxen use to date. Therefore, based on the guidelines and review of the evidence, the request for Naproxen Sodium 550mg #30 with 2 refills is medically necessary.

**Cidaflex #90 with 6 refills.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (updated 06/05/2014) Glucosamine / Chondroitin

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS reference to Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain of the knee, as criteria necessary to support the medical necessity of Glucosamine (and Chondroitin Sulfate). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, shoulder impingement, carpal tunnel syndrome, and medial epicondylitis. In addition, there is documentation of ongoing treatment with Cidaflex. Furthermore, given documentation that medications allows patient to function, there is documentation of functional benefit an increase in activity tolerance as a result of Cidaflex use to date. However, despite documentaiton of right knee pain, there is no (clear) documentation of moderate arthritis pain. Therefore, based on the guidelines and review of the evidence, the request for Cidaflex #90 with 6 refills is not medically necessary.

**Medrox Pain Relief Ointment:** 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): 111-113.

**Decision rationale:** Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not

recommended. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, shoulder impingement, carpal tunnel syndrome, and medial epicondylitis. However, Medrox cream contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Medrox Pain Relief Ointment is not medically necessary.

**Omeprazole DR 20mg capsule:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of a diagnosis cervical sprain, shoulder impingement, carpal tunnel syndrome, and medial epicondylitis. However, despite documentation of an associated request for Naproxen Sodium, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole DR 20mg capsule is not medically necessary.