MAXIMUS Federal Services

Case Number:	CM14-0122274		
Date Assigned:	08/06/2014	Date of Injury:	03/09/2001
Decision Date:	09/12/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/04/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 65-year-old female with a date of injury of 03/09/2001. The listed diagnoses per [redacted] are: 1. Coccyx pain. 2. Cervical spine musculoligamentous sprain. 3. Biceps tendinitis, shoulder. 4. Bilateral carpal tunnel release. According to progress report 04/07/2014, the patient presents with cervical spine, bilateral shoulder, and bilateral wrist pain. She has increased pain with repetitive use of the upper extremity. She has pain in the neck with flexion, extension, and prolonged positions. She denies numbness in the upper or lower extremities but describes tingling in both feet. She has radiating pain extending to both gluteal regions. She is taking medications to help control her symptoms and states they have been helpful. Examination of the cervical spine revealed flexion and extension 30 degrees, tenderness is palpable over the paravertebral and trapezius musculature. Examination of the bilateral shoulders revealed tenderness is palpable over the bicep tendons. Spasm is present over the trapezial region. Examination of the bilateral wrists revealed tenderness palpable. Finkelstein test is positive. The provider recommends patient continues with medications including Topical Medication, Hydrocodone 7.5 mg, Colace, and Omeprazole. Utilization review denied the request on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen menthol-capsaicin topical medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (Non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.".

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

Decision rationale: This patient presents with cervical spine, bilateral shoulder, and bilateral wrist pain. The provider is requesting patient continue with topical cream including Flurbiprofen, Menthol, and Capsaicin. For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, the request is not medically necessary.

Hydrocodone 7.5 mg (amount not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - criteria for use of opioids -On-going management; Recommended Frequency of visits while in the trial phase; when to discontinue Opioids; when to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with cervical spine, bilateral shoulder, and bilateral wrist pain. The provider is requesting a refill of Hydrocodone 7.5 mg #60. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file indicates the patient has been prescribed Hydrocodone since 06/10/2013. The provider states this medication is prescribed to assist in reducing or aiding and resolving the patient's sign and symptoms. In this case, review of the medical file which includes progress reports from 06/10/2013 through 04/07/2014 does not provide a pain scale to assess pain. There is no discussion of functional improvement or outcome measures. Furthermore, the provider does not provide a discussion of possible aberrant behaviors or a urine drug screen for monitoring medications. Therefore, the request is not medically necessary.

Colace (dosage and amount not specified): 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 prophylactic treatment of constipation and opiates Page(s): 77.

Decision rationale: This patient presents with cervical spine, bilateral shoulder, and bilateral wrist pain. The provider request stated the requested opioids have been non-certified therefore not requiring a refill of Colace. The MTUS guidelines page 76-78 discusses prophylactic medication for constipation when opiates are used. This patient has been taking opioids on a long term basis and has complaints of constipation. Therefore, the request is medically necessary.

Omeprazole (amount and dosage not specified): 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): 69.

Decision rationale: This patient presents with cervical spine, bilateral shoulder, and bilateral wrist pain. The provider is requesting a refill of Omeprazole 20 mg #60. Review of the medical file which includes progress reports from 06/10/2013 and 04/07/2014 does not indicate the patient is on any NSAID. The MTUS Guidelines page 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of Prilosec. Furthermore, the provider does not provide a discussion regarding GI issues such as gastritis, ulcers, or reflux that requires the use of this medication. Therefore, the request is not medically necessary.