

Case Number:	CM14-0138162		
Date Assigned:	09/05/2014	Date of Injury:	10/10/2006
Decision Date:	11/04/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old female with a work injury dated 10/10/06. The diagnoses include sprain elbow & forearm; plantar fibromatosis; sprain of knee & leg; right shoulder arthroscopy, Mumford procedure, acromioplasty/subacromial decompression and synovectomy of the biceps and bicipital groove (8/15/14). Under consideration is a request for Pracasil Scar Cream; Colace; Duexis; and urine tox screen. There is a primary treating physician report dated 8/1/14 that states that the patient has had surgery for right carpal tunnel syndrome on February 14, 2014 and her scars have healed but she reports to have residual pain and mild swelling. She is able to grip heavier objects and has increased grip strength. The patient had a consultation with a physician who has recommended right shoulder surgery. She had radiofrequency ablation of the medial branches of C3, C4 and C5 on November 15, 2013. She continues to have very good benefit from that with decreased pain and improvement in her range of motion. She states that she can more easily turn her neck while performing activities. Some pain has returned but overall she has been able to increase her range of motion. Physical therapy was recommended for the patient. She had a shoulder injection previously that has helped increase her range of motion but she continues to have pain. She is currently taking Duexis and patches for her shoulder and wrist. The patches have helped increase her range of motion and she is able to increase her activities of daily living. The patient complains of constant neck pain radiating into her right upper extremity and into her right wrist. She has constant right knee pain that is increased with ambulation. She has back pain radiating to her right lower extremity. On exam the patient is wearing a brace on her right wrist. On cervical range of motion, the patient has pain with forward flexion at 35 and extension at 40. The patient rotates to the right to 45 and to the left to 35. The patient has pain with lateral flexion to the right at 25 with a positive Spurling sign into her right upper extremity.

She has pain with lateral flexion toward the left at 20. She has palpable cervical paraspinal muscle spasm and myofascial trigger points with twitch response and referral pattern. The patient is wearing a splint on her right wrist. She has pain with range of motion of the right upper extremity. The patient has pain with range of motion of the right knee and right ankle. Reflexes are 2+ and symmetric with bilateral biceps, triceps, and brachioradialis Jerks. Motor strength is symmetric in the bilateral upper extremities. She complains of pain with muscle testing. The patient has decreased sensation in the right upper extremity in approximately the C6 and C7 distributions. The treatment plan includes PT; medication management; and consult with shoulder surgeon. A March and August 2014 urine tox screen is negative for opioids and there are no prescribed medications listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pracasil scar cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (<http://dailymed.nlm.nih.gov/dailymed/drugInfo>)

Decision rationale: Pracasil scar cream is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of FDA medications. (Tamoxifen 0.1 % - tranilast 1 % - Caffeine 0.1 % - lipoic acid; 0.5% - fluticasone 1 % - collagenase 350 u/gm - hyaluronic acid 0.1 %) An online review for Tamoxifen, topical Hyaluronic acid, and topical caffeine revealed no FDA support for these medications topically. Furthermore, the MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no support in the MTUS for these ingredients topically. The request does not indicate a quantity. The request for Pracasil scar cream is not medically necessary.

Colace 200mg: Upheld

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 Initiating therapy Page(s): 77.

Decision rationale: Colace 200mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines support prophylactic treatment of constipation should be initiated with opioid use. The documentation is not clear that the patient takes regular opioid medications for pain. Two urine toxicology screens in March and August 2014 do not list any prescribed medication and are negative for opioids. There is no discussion of

constipation . a 7/1/14 review of systems states that nausea, vomiting, constipation and diarrhea are denied. The request as written does not indicate a quantity. The request for Colace 200mg is not medically necessary.

Duexis 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and GI symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; NSAIDs (non-steroidal anti-inflammatory drugs); Acupu.

Decision rationale: Duexis 800mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Duexis is a combination of Ibuprofen 800mg and Famotidine 26.6mg. Per MTUS guidelines Duexis is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. While the MTUS does support NSAIDs in particular situations at the lowest dose for the shortest period in patients with moderate to severe pain the combination of Ibuprofen and Famotidine is not medically necessary. Additionally, the request as written does not indicate a quantity. The request for Duexis 800mg is not medically necessary.

Tox screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, steps to avoid misuse/addiction Page(s): 43; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: urine drug testing

Decision rationale: Tox screen is not medically necessary per the MTUS and ODG guidelines. The MTUS guidelines state that frequent random urine toxicology screens can be used as a step steps to avoid misuse of opioids, and in particular, for those at high risk of abuse. The MTUS states that urine drug screen is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs.. The ODG states patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. A March and August 2014 do not list any prescribed medications.

There is no indication that patient is on regular opioid medications. There is no aberrant behavior documented. The request for Tox screen is not medically necessary.