

Case Number:	CM14-0152581		
Date Assigned:	09/22/2014	Date of Injury:	04/01/2009
Decision Date:	10/22/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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:

The patient is a 40-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of 04/01/2009. Medical records from 03/28/2014 to 09/22/2014 were reviewed and showed that patient complained of left wrist pain (pain scale grade not specified). Physical examination revealed well-healed scar over dorsum of left wrist, decreased range of motion (ROM), decreased sensation over median nerve distribution, decreased grip strength, and positive Tinel's and Phalen's tests bilaterally. Of note, there was reported gastritis from time to time due to oral pain medications (08/21/2014). Treatment to date has included revision of lunotriquetral joint arthrodesis with autograft and allograft (05/20/2014), Orphenadrine ER 100mg #60 (prescribed since 03/31/2014), Capsaicin 0.075% (prescribed since 03/31/2014), Norco 5/325mg #60 (prescribed since 03/31/2014), Omeprazole DR 20mg #30 (prescribed since 08/21/2014), and Capsaicin 0.025% cream (prescribed since 08/21/2014). Of note, there was no documentation of functional outcome from aforementioned oral and topical medications. Utilization review dated 09/09/2014 modified the request for Orphenadrine ER 100 # 60 to Orphenadrine ER 100 #30 for the purpose of weaning. Utilization review dated 09/09/2014 modified the request for Norco 10/325mg #60 to Norco 10/325mg #30 for the purpose of weaning. Utilization review dated 09/09/2014 denied the request for Capsaicin 0.025% cream times 2 refills and Capsaicin 0.075% cream times 1 because there was no indication of intolerance to other treatments. Utilization review dated 09/09/2014 denied the request for Omeprazole DR 20mg #30 times 2 refills because there was no indication for proton pump inhibitor (PPI) therapy as non-steroidal anti-inflammatory drugs (NSAIDs), Orphenadrine, and Norco were not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER #60 with 2 refills: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). They show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient was prescribed Orphenadrine ER 100mg #60 since 03/31/2014. However, physical exam findings did not include muscle spasm to support the use of Orphenadrine. Furthermore, there was no documentation of functional outcome with Orphenadrine. Moreover, the guidelines do not recommend long-term use of Orphenadrine as it may lead to dependence. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for Orphenadrine ER #60 with 2 refills is not medically necessary.

Capsaicin 0.025% Cream with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Page(s): 28; 111-113.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. The guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. In this case, the patient was prescribed Capsaicin 0.025% cream since 08/21/2014. There was documentation of gastritis secondary to oral pain medications. The medical necessity has been established. Therefore, the request for Capsaicin 0.025% Cream with 2 refills is medically necessary.

Norco 10/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for use Page(s): 76-80.

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

Decision rationale: According to page 78 of the CA MTUS, Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Norco 5/325mg #60 since 03/31/2014. However, there was no documentation of analgesia or functional improvement with Norco use that is required prior to continuation of opiates treatment per guidelines. The request for 2 refills likewise is not in conjunction with opioid monitoring documentation prior to extension of treatment. Therefore, the request for Norco 10/325mg #60 with 2 refills is not medically necessary.

Omeprazole Dr 20mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Omeprazole DR 20mg #30 since 08/21/2014. There was documentation of gastritis secondary to pain medications. The medical necessity for proton pump inhibitor prophylaxis has been established. Therefore, the request for Omeprazole Dr 20mg #30 with 2 refills is medically necessary.

Capsaicin 0.075% Cream with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28, 111-113.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. The guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. In this case, the patient was prescribed Capsaicin 0.075% since 03/31/2014. However, there was no documentation of functional outcome with 0.075% Capsaicin cream use. Moreover, the 0.075% formulation content of

capsaicin exceeds the guidelines recommendation; therefore, the request for Capsaicin 0.075% Cream with 1 refill is not medically necessary.