

<b>Case Number:</b>	CM14-0158836		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 and Pain Management, has a subspecialty in Interventional Spine 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 66-year-old male with a date of injury of 08/03/2013. The listed diagnoses per [REDACTED] are: 1. Shoulder impingement. 2. Lumbar sprain/strain. 3. Sprain/strain of ankle. 4. Observation and evaluation for suspected conditions, not elsewhere classified. 5. Ulnar nerve lesion. According to progress report 09/02/2014, the patient presents with continued low back and right shoulder pain. The treating physician states that the first epidural was helpful. Examination of the shoulder revealed anterior shoulders are tender to palpation and range of motion is reduced with flexion and abduction. Impingement test is positive. Examination of the lumbar spine revealed restrictive range of motion and paravertebral muscles are tender. Muscle spasms are present. Straight leg raise test is positive on the left. The treating physician recommends the patient continue with medications. Utilization review denied the request on 09/11/2014. Treatment reports from 03/14/2014 through 09/02/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco) APAP 10/325 mg, QTY: 60.00 tablets, with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76 -78, 78- 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s):.

**Decision rationale:** This patient presents with low back and right shoulder pain. The treating physician is requesting a refill of Hydrocodone APAP 10/325 mg #60 with 2 refills. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco since 04/22/2014. The progress reports do not show documentation or discussion of pain assessment or outcome measures, specific functional improvement or quality of life changes as required by MTUS. In addition, adverse side effects are not discussed and random urine drug screens are not provided. Given the lack of sufficient documentation for opiate management, the request is not medically necessary and appropriate.

**Omeprazole DR 20 mg, QTY: 30 capsules, 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with low back and right shoulder pain. The treating physician is requesting Omeprazole 20 mg #30 with 2 refills. The MTUS Guidelines page 68 and 69 states 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 omeprazole. Furthermore, the treating physician provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. The request is not medically necessary and appropriate.

**Carisoprodol 350 mg, QTY: 60 tablets, with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for Pain) Page(s): 63, 64, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** This patient presents with low back and right shoulder pain. The treating physician is requesting a refill of Carisoprodol 350 mg #60. Review of the medical file indicates

the patient has been prescribed this medication since 04/22/2014. For muscle relaxants, the MTUS Guidelines page 63 states, "recommended non-sedating muscle relaxants with caution as a second option for short-term treatment of acute exacerbation of patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most Low Back Pain (LBP) cases, they show no benefit on NSAIDs and pain, and overall improvement. Efficacy appears to diminish overtime, and prolonged use of some medications in this class may lead to dependence." In this case, the treating physician is prescribing Carisoprodol for long term use, which is not supported by MTUS. The request is not medically necessary and appropriate.

**Medrox pain relief ointment, with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112-113, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines has the following regarding topical creams; Topical Analgesics Page(s): 111-112.

**Decision rationale:** This patient presents with low back and right shoulder pain. The treating physician is requesting Medrox pain relief ointment with 2 refills. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled 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." Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7%, and capsaicin 0.050%. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Medrox ointment contains 0.075% of capsaicin, which is not supported by MTUS. Therefore, the entire compound cream is not recommended. The request is not medically necessary and appropriate.