

Case Number:	CM14-0163943		
Date Assigned:	10/08/2014	Date of Injury:	08/20/2008
Decision Date:	11/10/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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 Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 57-year-old female who reported an injury on 08/20/2008 due to an unknown mechanism of injury. The injured worker reported sustained an injury to her bilateral shoulders and bilateral upper extremities. The injured worker's treatment history included physical therapy and medications. The injured worker's most recent evaluation provided for this review was dated 07/30/2014. It was noted that the injured worker had chronic bilateral shoulder, elbow, and hand pain. Physical findings included restricted range of motion of the bilateral shoulders with impingement sign. The injured worker's diagnoses included recurrent dislocation of the shoulder, carpal tunnel syndrome, and derangement of the joint not otherwise specified at the shoulder. The injured worker's medications included Omeprazole 20 mg, Zolpidem Tartrate 10 mg, Medrox pain relief ointment, Orphenadrine extended release 100 mg, Hydrocodone, Naproxen, and topical Capsaicin. A Request for Authorization to refill medications was submitted on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 3 times a week for 4 weeks for bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture 3 times a week for 4 weeks for the bilateral shoulders is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends acupuncture as an adjunctive treatment to a physical Functional Restoration Program. The clinical documentation submitted for review does indicate that the injured worker had previously participated in physical therapy. There is no documentation that the injured worker has previously participated in acupuncture. California Medical Treatment Utilization Schedule recommends a trial of 4 to 6 visits to establish efficacy of treatment. The request as it is submitted exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested acupuncture 3 times a week for 4 weeks for the bilateral shoulders are not medically necessary or appropriate.

Omeprazole DR 20mg cap SIG #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The requested Omeprazole DR 20 mg caplets sig #30 with 2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at significant risk for developing gastrointestinal events related to medication usage. Therefore, ongoing use of this medication would not be supported. As such, the requested Omeprazole DR 20 mg caplets sig #30 with 2 refills is not medically necessary or appropriate.

Zolpidem Tartrate tablets 10mg #30 with 3 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The requested Zolpidem Tartrate tablets 10 mg #30 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend pharmacological intervention for disturbed sleep patterns when the injured worker has failed to respond to non-pharmacological interventions. Additionally, the requested medication is only recommended for short courses of treatment. The request is for a 30 day combination with 3 refills. This exceeds guideline

recommendations. Furthermore, the clinical documentation does not provide an adequate assessment of the injured worker's sleep hygiene to support the need for pharmacological intervention. As such, the requested Zolpidem Tartrate tablet 10 mg #30 with 3 refills is not medically necessary or appropriate.

Medrox pain relief ointment SIG 120gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 118-120.

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

Decision rationale: The requested Medrox ointment sig 120 grams with 2 refills is not medically necessary or appropriate. The requested medication is a compounded medication that contains Methyl Salicylate, Capsaicin, and Lidocaine. California Medical Treatment Utilization Schedule does not recommend the use of topical analgesics unless the injured worker has failed to respond to first line medications, to include antidepressants and anticonvulsants. The clinical documentation does not provide any evidence that the injured worker has failed to respond to antidepressants or anticonvulsants. Additionally, California Medical Treatment Utilization Schedule does not support the use of Lidocaine in a gel or cream formulation as it is not FDA approved to treat neuropathic pain. As such, the requested Medrox ointment sig 120 grams with 2 refills are not medically necessary or appropriate.

Orphenadrine ER 100mg tablet SIG #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Orphenadrine extended release 100 mg tablets sig #60 with 2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. California MTUS recommends muscle relaxants be used for short durations of treatment not in exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any evidence that this is an acute exacerbation of chronic pain. Rather, it is noted that the injured worker has chronic bilateral shoulder pain. Additionally, the request as it is submitted exceeds guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested Orphenadrine extended release 100 mg tablets sig #60 with 2 refills is not medically necessary or appropriate.

Hydrocodone (Norco 5-325) tab SIG #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Hydrocodone (Norco 5/325 mg) tablets sig #60 with 2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the injured worker has any pain relief or functional benefit from medication usage. Furthermore, there was no documentation that the patient is monitored for aberrant behavior. The request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, there requested Hydrocodone (Norco 5/325 mg) tablets sig #60 with 2 refills is not medically necessary or appropriate.

Capsaicin 0.1% cream SIG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

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

Decision rationale: The requested Capsaicin 0.1% cream sig is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of topical analgesics unless there is documentation of a failure to respond to a trial of anticonvulsants and antidepressants. The clinical documentation does not provide any evidence that the injured worker has failed to respond to antidepressants or anticonvulsants and requires topical medications. Additionally, the request as it is submitted does not clearly identify frequency of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Capsaicin 0.1% cream sig is not medically necessary or appropriate.