

Case Number:	CM14-0165594		
Date Assigned:	10/10/2014	Date of Injury:	11/19/2012
Decision Date:	12/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

Patient is a 48-year-old female who has submitted a claim for cervical radiculopathy, lumbar radiculopathy, and right shoulder pain associated with an industrial injury date of 11/19/2012. Medical records from 2014 were reviewed. Patient complained of neck pain radiating to the right upper extremity, associated with numbness and tingling sensation. Patient likewise experienced left-sided temporal headaches. She reported that low back pain radiated to bilateral lower extremities associated with numbness. The pain was aggravated by activities, bending, prolonged sitting, standing, and walking. There was likewise presence of bladder dysfunction, urinary incontinence, and frequent urination. Pain was rated 10/10 in severity, and relieved to 9/10 upon intake of medications. Patient also reported constant left knee pain aggravated by movement. Physical examination of the cervical spine showed tenderness, myofascial trigger points, limited motion secondary to pain, and diminished sensation at right C6 dermatome. Examination of the lumbar spine showed muscle spasm, tenderness, severe limitation of range of motion, decreased sensitivity to touch along the right L4 dermatome, and positive straight leg raise test bilaterally at 70 degrees. Tenderness was noted at the right shoulder with weakness of right grip strength. Left knee was positive for crepitus and tenderness over the medial and lateral joint lines. Range of motion of both knees was measured from zero to 135 degrees bilaterally. Knees were stable to valgus and virus stress test. Treatment to date has included physical therapy, right shoulder injection, activity restriction, home exercise program, and medications such as Butrans patch, cyclobenzaprine (since March 2014), omeprazole, and Vicodin (since March 2014). The neoprene knee brace was requested due to pain and limited ranges of motion. Utilization review from 9/12/2014 denied the requests for Butran Patch 10 mcg #4 as prescribed on 7/29/14 and Hydrocodone 10/325mg BID #60 as prescribed on 7/29/14 because of no documented functional gains attributed to opioid therapy; denied Cyclobenzaprine 10mg TID

#90 as prescribed on 7/29/14 because long-term use was not recommended; denied Omeprazole DR 20mg BID #60 as prescribed on 7/29/14 because of no documented gastrointestinal risk factor; and denied Neoprene Knee Brace for the left because of no evidence of knee instability on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butran Patch 10 mcg #4 as prescribed on 7/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 26-27, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Page 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, patient was initially prescribed Butrans patch since July 2014. Pain persisted despite Vicodin and Flexeril prompting use of this medication. However, the guideline recommended buprenorphine for patients with opiate addiction, which was not justified in this case. There was no urine drug testing result showing aberrant drug use based on the medical records submitted. The medical necessity was not established. Therefore, the request for Butrans Patch 10 mcg #4 as prescribed on 7/29/14 was not medically necessary.

Cyclobenzaprine 10mg TID #90 as prescribed on 7/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient was prescribed cyclobenzaprine since March 2014. Although the most recent physical examination still showed evidence of muscle spasm, long-term use of muscle relaxant was not recommended. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Cyclobenzaprine 10mg TID #90 as prescribed on 7/29/14 was not medically necessary.

Hydrocodone 10/325mg BID #60 as prescribed on 7/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; and Opioids, criteria for use; and Wean.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed hydrocodone since March 2014. Pain severity decreased from 10/10 to 9/10 upon intake of medication. However, there was no significant pain relief attributed to opioid therapy to warrant continuing treatment. There was likewise no evidence of continued functional benefit from medication use. Moreover, there was no urine drug screen available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone 10/325mg BID #60 as prescribed on 7/29/14 was not medically necessary.

Omeprazole DR 20mg BID #60 as prescribed on 7/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and 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 GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, there is no prior intake of omeprazole. Patient is a 48-year-old female without subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity a PPI. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Omeprazole DR 20mg BID #60 as prescribed on 7/29/14 is not medically necessary.

Neoprene Knee Brace for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee Brace

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, a Neoprene knee brace was requested due to pain and limited range of motion. Patient reported constant left knee pain aggravated by movement. Physical examination of the left knee was positive for crepitus and tenderness over the medial and lateral joint lines. Range of motion of both knees was measured from zero to 135 degrees bilaterally. Knees were stable to valgus and varus stress test. However, there was no discussion stating that the knee brace will be used in conjunction with a rehabilitation program, which is a part of guidelines recommendation for knee brace. There was likewise no evidence of knee instability to warrant its use. Therefore, the request for Neoprene Knee Brace for the left knee was not medically necessary.