

Case Number:	CM14-0020450		
Date Assigned:	04/25/2014	Date of Injury:	01/10/2008
Decision Date:	07/09/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 Neurology, has a subspecialty in Neuromuscular 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 43-year-old who sustained a work related injury on January 10 2008. He subsequently developed chronic left knee pain, bilateral shoulder and wrist pain as well as lumbar pain. The patient underwent knee surgeries. According to a note dated on January 16, 2014, the patient was complaining of bilateral wrist pain with reduced range of motion. The pain is reduced by medication and resting and exacerbated by activity. The patient also developed neck pain with tenderness and reduced range of motion. Similar findings were reported in the shoulder, knee and hip bilaterally. The patient developed severe back pain radiating to the buttock bilaterally and right hip. The pain is reduced by lying down and medications and exacerbated by movements. The patient shoulder MRI demonstrated a rotator cuff tendinitis. The patient was treated with Xanax, Norco, Tizanidine, Prilosec. The exact duration of the treatment was not documented, however it seems that the patient is taking the medications since 2013. The provider requested authorization to administrate the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 15UG, EVERY 7 DAYS, #4/28 DAYS: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to the Chronic Pain Medical Treatment Guidelines,, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant). According to the Chronic Pain Medical Treatment Guidelines, Butrans is recommended for treatment of opiate addiction, and also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There is no documentation that the patient is suffering from opioid addiction. The request for Butrans 15ug, every 7 days, quantity of four, is not medically necessary or appropriate.

**RETROSPECTIVE NORCO 10/325MG, FOUR TIMES A DAY, #180 DISPENSED
01/16/14: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Norco (Hydrocodone/ Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to the Chronic Pain Medical Treatment Guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; and (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There no clear documentation of the efficacy/safety of previous use of Norco. The patient continued to have

pain despite the use of Norco. There is no clear justification for the need to continue the use of Norco. There is no documentation of pain agreement or urine toxicology screen to assess the patient compliance. The retrospective request for Norco 10/325mg, 180 count, dispensed January 16, 2014, is not medically necessary or appropriate.

RETROSPECTIVE PRILOSEC 20MG, DAILY, #60/2 MONTHS DISPENSED 01/16/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is taking NSAID or have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. The retrospective request for Prilosec 20mg, daily, sixty count for two months, dispensed January 16, 2014, is not medically necessary or appropriate.

RETROSPECTIVE TIZANIDINE, 4MG, THREE TIMES A DAY, #180 DISPENSED 01/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64, 66.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Tizanidine was used in this patient since 2013 without clear evidence of spasm or objective monitoring of the drug effect on the patient condition. The patient in this case does not have clear evidence of spasm and the prolonged use of 120 Tizanidine 4mg is not justified. The retrospective request for Tizanidine, 4mg, three times a day, 180 count, dispensed January 16, 2014, is not medically necessary or appropriate.