

Case Number:	CM14-0021358		
Date Assigned:	05/07/2014	Date of Injury:	10/20/1999
Decision Date:	07/25/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 Anesthesiology, has a subspecialty in Pain 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 65-year-old male with a 10/20/99 date of injury, due to cumulative injury. Rendered treatment has included analgesic medications, topical compounds, psychotropic medications, shoulder surgery (2011), and medication. On 1/20/14 he was documented the patient is status post steroid injection to the left wrist. She continues to have headaches, difficulty with sleeping, anxiety, depression, nightmares, and wrist pain bilaterally. Clinically, there was reduced range of motion and the wrists with positive Finkelstein testing, tenderness, and crepitation at that CMC joints. Topical medications were noted to reduce pain. Treatment plan discussed medications, including Vicodin, Motrin, Zoloft, Ambien, transdermal patches, and Prilosec. Acupuncture was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy for Chronic Pain Page(s): 79-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Opioid Therapy for Chronic Pain.

Decision rationale: Medical necessity for the requested opioid is not established. Given the date of injury (1999), there should be discussion regarding duration of use, and efficacy with documented functional improvement and reduction in VAS scores. This was not provided. The original request was modified in order to allow for weaning/tapering, as adequate opioid management/compliance was not documented. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. As there is lack of documented continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior, as well as compliance utilizing a pain contract and rounded urine drug screen, the request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; PPI; and Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

Decision rationale: Medical necessity for the requested PPI is not established. This request previously obtained an adverse determination due to lack of documented gastric complaints, either NSAID induced or otherwise. There remains no documentation of any gastric findings or complaints and the request is not substantiated. Guidelines states that the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The request remains unsubstantiated and therefore not medically necessary.

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; NSAIDS.

Decision rationale: Medical necessity for the requested Motrin is not established. This request previously obtained an adverse determination, as there were no documented lasting affects, functional improvement, or reduction in VAS scores attributed to this medication. Although CA MTUS states the NSAIDs are effective, chronic use is not recommended, due to adverse complications, including gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. ODG recommends NSAIDs for breakthrough pain. There is no discussion regarding an acute exacerbation of the patient's condition. The patient continues to be unable to work, is on total temporary disability, and is reliant on medications/injections. This did not demonstrate efficacy, as required by guidelines. The request remains not medically necessary.

Transdermal pain gel: Upheld

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

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

Decision rationale: Medical necessity for the requested transdermal pain gel is not established. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The components of the requested topical agent have not been identified, and there is no discussion regarding duration of use, or any functional benefit. There is no discussion regarding reduction in PO medication use attributed to this topical medication. The request is not medically necessary.