

Case Number:	CM14-0021676		
Date Assigned:	05/05/2014	Date of Injury:	04/12/2012
Decision Date:	07/30/2014	UR Denial Date:	02/06/2014
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 and Maryland. 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 59-year-old with a April 12, 2012 date of injury from continuous trauma working as a mortuary attendant. There were complaints of bilateral shoulder pain, decreased range of motion, as well as ankle pain (according to the January 15, 2014 progress note). The patient is noted to be pending AME and treatment plan discussed refilling medications, Without any modification to the medication regimen. The patient is pending bilateral shoulder surgery, as well as right ankle surgery. March 4, 2014 CT of the right ankle revealed end stage superior accelerated degenerative osteoarthritis in the tibial joint. CT of the left ankle from March 20, 2013 revealed marked thickening of the distal Achilles tendon containing multiple intratendinous bony and calcific fragments, consistent with ossific/calcific Achilles tendinitis. An MRA of the right shoulder from April 16, 2013 revealed a complete full thickness tear of the supraspinatus and infraspinatus tendons with a 3.5 cm retraction at the level of the glenohumeral joint. Most recently on March 4, 2014 the patient had ongoing left shoulder, right elbow, bilateral ankles/feet pain. Treatment plan discussed medications, including Omeprazole, hydrocodone, naproxen, and capsaicin cream. February 19, 2014 note stated that medications are helping. September 10 and October 8, 2013 notes indicated a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) APAP 10/325mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: The patient has an early 2012 date of injury and has been on opioids for some time. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. The Chronic Pain Medical Treatment Guidelines requires ongoing opioid medication review, documenting efficacy with reduction of VAS scores/ functional improvement and assessment of compliance utilizing urine drug screens and a pain contract. This was not documented in the multiple progress notes that were reviewed. Due to the likelihood of withdrawal if there is abrupt cessation of opioid use, the request was modified in order to allow the requesting provider to submit missing criteria. This issue has not been addressed. There remains no evaluation of pain relief, functional status, appropriate medication use, and side effects. The request for Hydrocodone (Norco) APAP 10/325mg, 120 count is not medically necessary or appropriate.

Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

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

Decision rationale: Medical necessity for ongoing use of NSAIDs is not established. Although, the Chronic Pain Medical Treatment Guidelines states that NSAIDs are effective chronic use is discouraged due to potential gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. There is no discussion of efficacy of NSAID use with reduction of VAS (visual analog scale) scores or functional improvement. The request for Naproxen Sodium 550mg is not medically necessary or appropriate.

Omeprazole DR 20mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation FDA Guidelines.

Decision rationale: Medical necessity for the requested PPI (proton pump inhibitor) is not established. The Chronic Pain Medical Treatment Guidelines and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD

(gastroesophageal reflux disease), erosive esophagitis, or patients utilizing chronic NSAID therapy. The associated request for naproxen was not recommended, and Omeprazole as a gastroprotectant is unnecessary. The request for Omeprazole DR 20mg, thirty count, is not medically necessary or appropriate.

Medrox pain relief ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111-113.

Decision rationale: Medical necessity for the requested Medrox ointment is not established. This topical agent contains 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. The Chronic Pain Medical Treatment Guidelines state that capsaicin in a 0.0375% formulation is not recommended. Duration of topical medication use has not been documented, as well as response with functional gains and reduction of PO medication. Intolerability to PO medications has not been documented. The request for Medrox pain relief ointment is not medically necessary or appropriate.