

Case Number:	CM14-0021679		
Date Assigned:	03/26/2014	Date of Injury:	03/05/2013
Decision Date:	08/12/2014	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 Occupational 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:

This is a 58-year-old male with a 3/5/13 date of injury. According to a progress report dated 1/13/14, the patient complained of frequent pain in the shoulders, elbow, forearms, and wrists traveling to the neck, back, shoulders, which the patient described as pulsating, aching, sharp, sore, tender, and radiating. He rated the pain at 6/10. On examination, there was tenderness at the acromioclavicular joint, supraspinatus, and bicipital group on the right. There are diminished reflexes for the triceps and brachioradialis bilaterally. Diagnostic impression: cervical disc disease, cervical radiculopathy, cervical sprain/strain, left and right shoulder impingement syndrome, left and right shoulder sprain/strain. Treatment to date: medication management, activity modification, physical therapy, acupuncture, surgery. A UR decision dated 2/16/14 denied the requests for Vicodin, Flexeril, Gabapentin, Omeprazole, Colace, Flurbiprofen/Tramadol, and Gabapentin/Dextromethorphan/Amitriptyline. Regarding Vicodin and Flexeril, although the patient should have already been completely weaned from these medications on this subsequent review as warned, it is the provider's responsibility to use his/her own judgment and/or protocol, based on the individual needs of the claimant, which may or may not include additional weaning through the provider. Gabapentin was authorized this one time to be used to initiate downward titration and complete discontinuation of medication on subsequent review, due to medication guideline non-compliance. Regarding Omeprazole, in order for this medication to be considered for certification on subsequent review, evidence of NSAID usage or specific documentation of gastrointestinal complaints will be required. Regarding Colace, in order for this medication to be considered for certification on subsequent review, evidence of gastrointestinal complaints including constipation and/or documentation of concurrent opioid therapy will be required. No rationale was provided regarding the denial of Flurbiprofen/Tramadol and Gabapentin/Dextromethorphan/Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: 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. There are UR decisions dating back to 8/7/13 that support the weaning off of Norco for this patient. There is no documentation that the provider has addressed the recommendations for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Vicodin 5/500 mg, #60 is not medically necessary.

FLEXERIL 7.5MG, #60: Upheld

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

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. A UR decision dated 8/7/13 authorized 20 tablets of Flexeril for weaning purposes as long-term use is not supported. There is no documentation that the issue of weaning the patient off Flexeril has been addressed. In addition, there is no documentation that the patient has suffered an acute exacerbation of his pain. There was no rationale provided as to why the patient needs to continue this medication when guidelines only support short-term use. Therefore, the request for Flexeril 7.5 mg #60 is not medically necessary.

GABAPENTIN 600MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the reports provided for review, there is minimal discussion of the patient's neuropathic pain. There is no documentation that there is functional improvement associated with gabapentin use in this patient. Therefore, the request for Gabapentin 600 mg, #60 is not medically necessary.

OMEPRAZOLE 20MG, #60: 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), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, 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. There is no documentation in the reports reviewed of gastrointestinal complaints or chronic NSAID use. There is no rationale provided identifying why Omeprazole is necessary in this patient. Therefore, the request for Omeprazole 20 mg, #60 is not medically necessary.

COLACE 100MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate) Peer-reviewed literature ('Management of Opioid-Induced Gastrointestinal Effects: Treatment').

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA

MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. In the documents reviewed, there are no documented complaints of constipation in this patient. In addition, the request for the opioid, Vicodin, has been denied. Therefore, the request for Colace 100 mg, #60 is not medically necessary.

FLURBIPROFEN / TRAMADOL: 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): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, 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. NSAIDs and Tramadol in a topical formulation are not supported by guidelines. A specific rationale identifying why Flurbiprofen / Tramadol would be required in this patient despite guideline support was not provided. Therefore the request for Flurbiprofen/Tramadol is not medically necessary.

GABAPENTIN / DEXAMETHORPHAN / AMITRIPTYLINE: 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): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, 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. Gabapentin in a topical formulation is not supported by guidelines. A specific rationale identifying why Gabapentin / Dexamethorphan / Amitriptyline is required in this patient despite guideline support was not provided. Therefore, the request for Gabapentin / Dexamethorphan / Amitriptyline is not medically necessary.