MAXIMUS Federal Services

Case Number:	CM14-0024523		
Date Assigned:	06/11/2014	Date of Injury:	05/03/2010
Decision Date:	08/13/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 44-year-old female who reported an injury on 05/03/2010 of an unspecified mechanism of injury. The injured worker had a history of neck and right shoulder pain. The injured worker had diagnoses of neck pain, pain in the joint/forearm, and pain in the shoulder. The MRI dated 10/27/2010 of the cervical spine revealed an abnormal C7 vertebral body with indentation of the superior end plate indeterminate for normal variant versus an old compression fracture. The electromyogram/ nerve condution study of unknown date revealed normal findings.The past treatment included wrist sleeve, pillow for cervical spine, hot and cold packs, and acupuncture times 5 visits dated 06/21/2011 with unknown results. The objective findings dated 03/04/2014 revealed a right shoulder positive impingement sign, painful arch syndrome at 70 degrees, positive drop sign on the right and a negative of the left, and a positive empty can sign. No other abnormal objective findings noted on the 03/04/2014 clinical note . The medications included Diclofenax Sodium 1.5 percent, Protonix,20 mg, Nabumetone-relafen 500 mg, Lidoderm 5 percent patch, capsaicin 0.075 cream, Hydocodone bit/ apap 2.5/325 mg, Gabapentin 600 mg and Trazadone 50 mg. The treatment plan included a surgery consultation, conservative treatment, and a functional restoration program. The request for authorization dated 12/19/2013 was submitted within the documentation. The rationale was not given for Diclofenac Sodium, Capsaicin, Protonix, Flexeril and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 1.5% 60 GRAMS QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, specific drug list and adverse effects Page(s): 70-71.

Decision rationale: The California MTUS Guidelines recognize Flector patch as a nonsteroidal anti-inflammatory drug. Topical applications for relief of osteoarthritis pain in joints that lend themselves to topical treatments such as ankle, elbow, foot, hands, knee, and wrist. It has not been evaluated for treatment for the spine, hip, or shoulder. As such, the request for Diclofenac sodium 1.5% 60 grams, quantity 1 is not medically necessary and appropriate.

CAPSAICIN 0.075 CREAN QTY 1 DATE OF SERVICE 3/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112, 113.

Decision rationale: The California MTUS recommend only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successful with conventional therapy. In this case, there was no evidence that the injured worker had failed conservative treatments. The frequency was not addressed. As such, the request for Capsaicin 0.075 cream, quantity 1, date of service 3/11/13 is not medically necessary and appropriate.

PANTOPROZOLE-PROTONIX 20MG QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of nonsteroidal anti-inflammatory drugs, and a history of peptic ulcers. There is also a risk of long-term utilization of the proton pump inhibitors greater than 1 year which has been shown to increase the risk of hip fracture. Per the documentation provided, the injured worker was

prescribed the proton pump inhibitor on 01/07/2013 and again was prescribed the proton pump inhibitor on 03/04/2014, which is greater than a year. The documentation did not indicate that the injured worker had a history of gastrointestinal bleeding or perforations. Furthermore, the frequency was not addressed. As such, the request for Pantoprozole-Protonix 20 mg quantity 60 is not medically necessary and appropriate.

CYCLOBENZAPRINE-FLEXERIL 7.5 MG QTY 90: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option, using a short course of therapy. Flexeril is a skeletal muscle relaxant and is a central nervous system suppressant. Per the clinical notes, the injured worker had been taking Flexeril from 01/07/2013 through 03/04/2014. The guidelines indicate this medication for short term use. Additionally, frequency was not addressed. As such, the request for Cyclobenzaprine-Flexeril 7.5 mg, quantity 90 is not medically necessary and appropriate.

TRAMADOL HCL ER 150MG QTY 60 DATE OF SERVICE 3/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 113.

Decision rationale: The California MTUS Guidelines state Tramadol (Ultram) is a centrally-acting synthetic opiate and analgesic and is not recommended as a first-line oral analgesic. According to the clinical notes provided for review there is no evidence that Ultram had benefitted the patient with no VAS given to the effects of the Tramadol. As such, the request for Tramadol HCL ER 150 mg, quantity 60, date of service 3/11/13 is not medically necessary and appropriate.