

Case Number:	CM14-0024952		
Date Assigned:	06/11/2014	Date of Injury:	06/10/2002
Decision Date:	08/13/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Rehabilitation 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 injured worker is a 49-year-old female with a reported date of injury of 06/10/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical spine multilevel disc herniations, shoulder enthesopathy, median nerve compression to the right with carpal tunnel syndrome, left median nerve compression with carpal tunnel syndrome, and right lateral elbow epicondylitis. The previous treatments were noted to include a TENS unit, medications, and physical therapy. Her medications were listed as Soma 350 mg 2 to 3 times a day, Voltaren 75 mg twice a day, tramadol 50 mg #60 1 twice a day as needed, Norco 5/325 mg #60 at 1 daily as needed, and Prilosec 20 mg #60 at 1 twice a day. The progress note dated 04/23/2014 revealed the injured worker complained of bilateral right shoulder pain rated 7/10. The injured worker complained of decreased range of motion, increased sensitivity, and weakness to the right shoulder. The injured worker complained of right elbow pain rated 5/10. The right elbow had increased sensitivity. The injured worker complained of right wrist pain rated 6/10 that radiated into the right fingers. The injured worker complained of pain to the left wrist rated 6/10 for pain and numbness to the left wrist as well as increased sensitivity, numbness, tingling, and weakness. The injured worker complained of neck pain rated 6/10 with decreased range of motion and stiffness. The cervical spine evaluation noted tenderness in the cervical region bilaterally (grade 2) as well as in the spinous process region at C3, C4, C5, and C6 (grade 3). The cervical orthopedic tests were positive for compression bilaterally. The palpation of the shoulder revealed tenderness to the right supraspinatus (grade 4). The examination of the elbows indicated the presence of discomfort and pain in the olecranon on both sides (grade 4). The examination of the wrists noted 2+ tenderness on the mid-volar aspect on the left wrist and tenderness for Tinel's was positive and a Phalen's test was positive. The Request for Authorization form dated 01/29/2014 was for Norco 5/325 mg #60 for pain, Ultram

50 mg #60 for pain, and Prilosec 20 mg #60 as a proton pump inhibitor. The Request for Authorization form was not submitted within the medical records for flurbiprofen compound which was for mild to moderate pain and cyclobenzaprine/gabapentin compounded cream for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 5/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Short Acting).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for a prescription of Norco 5/325 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with a detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status with activities of daily living, side effects, and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased function, adverse side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioids is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

PRESCRIPTION OF ULTRAM 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Short Acting).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page 78 Page(s): 78.

Decision rationale: The request for a prescription of Ultram 50 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with a detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and

aberrant drug-taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status with activities of daily living, side effects, and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased function, adverse side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioids is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

PRESCRIPTION OF PRILOSEC 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: The request for a prescription of Prilosec 20 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state that clinicians should determine if the injured worker is at risk for gastrointestinal events such as: age greater than 65 years; history of peptic ulcer; gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroid, and/or and anticoagulant; or high dose/multiple NSAIDs. The injured worker was not indicated to have an intermediate risk for gastrointestinal events to warrant a proton pump inhibitor. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

PRESCRIPTION OF FLURBIPROFEN COMPOUND CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for a prescription of flurbiprofen compound cream is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines state the efficacy and clinical trials for topical NSAIDs have been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the

first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guideline indications for topical NSAIDs include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment, for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support the use. The guidelines recommend topical NSAIDs for short-term use for osteoarthritis and tendinitis; however, the injured worker does not have these diagnoses to warrant topical NSAIDs. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

PRESCRIPTION OF CYCLOBENZAPRINE/GABAPENTIN COMPOUNDED CREAM:
Upheld

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

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

Decision rationale: The request for a prescription of Cyclobenzaprine/gabapentin compounded cream is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines state there is no evidence for use of a muscle relaxant as a topical product, and gabapentin has no peer-reviewed literature to support the use topically. Additionally, the request failed to provide to the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.