MAXIMUS Federal Services

Case Number:	CM14-0033754		
Date Assigned:	06/20/2014	Date of Injury:	01/11/2011
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/18/2014

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 Family Medicine and is licensed to practice in Arizona. 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 54-year-old female with a date of injury on 1/11/2011. The diagnoses include bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, status post right carpal tunnel release in 2011, right trigger finger release in 2012, and lumbar radiculopathy. The subjective complaints are of right wrist and hand pain that has been worsening, also with pain in the lower back and shoulders. A physical exam shows tenderness near the fifth metacarpal area and spasm and tenderness in the lumbar paraspinal muscles, without neurological deficits. The patient has pending surgery for right 3rd finder trigger finger release. The submitted documentation does not provide evidence of functional improvement with opioid medications, updated urine drug screen, or ongoing efficacy of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE EXTENDED-RELEASE (ER) 100MG #60, ONE (1) TABLET BY MOUTH, TWO (2) TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The Chronic Pain Guidelines indicate that muscle relaxants can be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. For this patient, a muscle relaxant has been prescribed chronically, there is no evidence of an acute exacerbation, and the patient is taking concurrent NSAIDs. Therefore, the use of this medication is not consistent with guideline recommendations, and is not medically necessary.

KETOPROFEN 7.5MG #30 BY MOUTH ONCE DAILY: Overturned

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The Chronic Pain Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDs are recommended as an option for symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the back. Therefore, the requested ketoprofen is medically necessary.

OMEPRAZOLE DR 20MG #30 ONCE DAILY: Overturned

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 Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: The Chronic Pain Guidelines indicate that a proton pump inhibitor can be added to non-steroidal anti-inflammatory drug (NSAID) therapy if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. The guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of aspirin (ASA), corticosteroids, anticoagulant use, or high dose NSAIDs. The Official Disability Guidelines suggest that proton pump inhibitors (PPIs) are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is on chronic NSAID therapy, and is using omeprazole for GI prophylaxis. Therefore, the use of omeprazole is consistent with guideline recommendations and is medically necessary.

MEDROX PAIN RELIEF OINTMENT TWO (2) TIMES A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical analgesics Page(s): 104, 111-113.

Decision rationale: Medrox patches are compounded medications that include methyl salicylate, menthol, and capsaicin. The Chronic Pain Guidelines are clear that if the medication contains one (1) drug that is not recommended the entire product should not be recommended. While capsaicin has shown some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Topical salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. For this patient, the documentation does not identify pain relief or functional improvement with this medication. Furthermore, there is no documentation of intolerance of oral medications, or failure of first line medications. Due to Medrox not being in compliance with the current use guidelines, and without clear documentation of clinical improvement, the requested prescription is not medically necessary.

HYDROCODONE (NORCO/APAP) 10/325MG #60, ONE (1) TABLET BY MOUTH TWO (2) TIMES A DAY, AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation does not demonstrate increased functional ability. Furthermore, the documentation is not present of MTUS opioid compliance guidelines, including updated urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the medical necessity of Norco is not established.