

Case Number:	CM14-0039334		
Date Assigned:	06/27/2014	Date of Injury:	11/07/2010
Decision Date:	08/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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 59-year-old male who reported an injury on 11/07/2010. The injury reportedly occurred when he was replacing wheel devices while towing a vehicle and experienced a sudden onset of pain in his left groin. He was diagnosed with shoulder region disorders and neck sprain/strain. His past treatments included chiropractic care, physical therapy, and medications. On 03/12/2014, the injured worker was seen with reports of pain in his left wrist and hand. His physical examination revealed spasm and tenderness over the upper trapezius muscles, decreased range of motion of the cervical spine, and normal sensation and motor strength in the bilateral upper extremities. He was also noted to have tenderness over the distal radius and the carpus on the left upper extremity, tenderness over the TFCC on the left, positive bilateral Finklestein's test, and positive left Phalen's and reverse Phalen's test. His medications were noted to include Tylenol extra strength. The treatment plan included prescription medications to be used as needed, and include an anti-inflammatory and anti-gastritis medication, as well as a topical patch for pain relief. The rationale for the requested Anaprox was to achieve adequate analgesia. Prilosec was recommended as the patient had a history of gastroesophageal reflux disease. Ultram ER was recommended to treat the injured worker's pain. The Terocin patch was recommended for local relief. The Request for Authorization form was submitted on 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: According to the California MTUS Guidelines, it is recommended that the lowest effective dose be used for all NSAIDs for the shortest period of time due to the significant risk of adverse effects. The guidelines also specifically state that use of Naproxen is recommended for osteoarthritis or ankylosing spondylitis. The clinical information submitted for review indicated that the patient was utilizing Anaprox for pain. However, he was not shown to have a diagnosis of osteoarthritis. The documentation indicated that the injured worker reported an analgesiac effect of at least 30% and allowed for an increased performance of activities of daily living. However, numeric pain skills providing evidence of this 30% pain relief were not provided and the documentation did not address whether the patient had had any monitoring of labs to evaluate for adverse effects of this medication. In addition, the frequency was not provided. For the reasons noted above, the request is not medically necessary.

Anaprox 550mg (quantity unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: According to the California MTUS Guidelines, it is recommended that the lowest effective dose be used for all NSAIDs for the shortest period of time due to the significant risk of adverse effects. The guidelines also specifically state that use of Naproxen is recommended for osteoarthritis or ankylosing spondylitis. The clinical information submitted for review indicated that the patient was utilizing Anaprox for pain. However, he was not shown to have a diagnosis of osteoarthritis. The documentation indicated that the injured worker reported an analgesiac effect of at least 30% and allowed for an increased performance of activities of daily living. However, numeric pain skills providing evidence of this 30% pain relief were not provided and the documentation did not address whether the patient had had any monitoring of labs to evaluate for adverse effects of this medication. In addition, the frequency and quantity were not provided. For the reasons noted above, the request is not medically necessary.

Prilosec 20mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: According to the California MTUS Chronic Pain Guidelines, proton pump inhibitors may be supported for patients taking NSAID medications who have complaints of dyspepsia or an increased risk for gastrointestinal events. The clinical information submitted for review indicated that the injured worker was previously utilizing NSAID medications and that he has a history of gastroesophageal reflux disease. However, he was not noted to have symptoms of dyspepsia specifically related to his NSAID use or an increased risk for gastrointestinal events. In addition, the documentation did not address the efficacy of this medication. Moreover, as the requested NSAID medications were not supported, the request for Prilosec is also not supported. In addition, the request fails to provide a frequency and quantity. As such, the request is not medically necessary.

Ultram ER 150mg (quantity unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 74-75, 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients seeking opioid medication should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. In addition, the guidelines state that long acting opioids are only recommended when there is a need for around the clock analgesia. The clinical information submitted for review failed to provide details regarding the injured worker's need for around the clock analgesia and the failure of an adequate course of short acting opioids. In addition, a detailed pain assessment with numeric pain scales, with and without medications, is not provided to verify effect of Ultram ER. Moreover, the documentation did not address any aberrant drug taking behaviors or lack thereof, and the results of a recent urine drug screen were not provided to verify medication compliance. In addition, the quantity and frequency were not provided. For the reasons noted above, the request is not medically necessary.

Terocin Patch (dosage and quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin; Lidocain, topical; Capsaicin, topical; Salicylate topicals.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrated efficacy and safety and are primarily recommended when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that any topical compounded product that contains at least one drug that is not recommended, is also not recommended. Terocin patches include Menthol 4% and

Lidocaine 4%. The guidelines state that Lidocaine is only recommended in the formulation of the Lidoderm patch to treat neuropathic pain, but no other commercially approved topical formulation of Lidocaine, such as creams, are indicated. The injured worker was noted to have neuropathic pain. However, the documentation did not provide evidence that he had tried and failed antidepressants and anticonvulsants prior to use of the Terocin patches. In addition, the guidelines do not support use of topical Lidocaine, except in the formulation of the Lidoderm patch. Therefore, the Terocin patch, which includes topical Lidocaine, is also not supported. Further, the dose, frequency, and quantity were not provided. For the reasons above, the request is not medically necessary.