MAXIMUS Federal Services

Case Number:	CM14-0043413		
Date Assigned:	07/02/2014	Date of Injury:	06/24/2004
Decision Date:	09/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/10/2014

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, has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 59-year-old male with a history of a cumulative trauma work injury with date of injury of 06/24/04. He was seen by the requesting provider on 12/04/13. He had not been seen since 2011. He was having bilateral neck, right shoulder, back, and knee pain. He had run out of medications. Physical examination findings included an absence of the cervical spine motion other than at the C1-2 level. He had a past medical history of ankylosing spondylitis. There was right biceps tenderness with decreased range of motion and spasm. He had mild crepitus of the knees with a normal gait. Imaging results were reviewed showing findings of ankylosing spondylosis in the cervical spine. He had undergone a biceps tendon rupture repair in November 2004. Diagnoses were cervical myofascial sprain, degenerative disc disease, diabetes, psychiatric problems, sleep disturbance, and bilateral knee overuse syndrome. Naprosyn 550 mg #100, cyclobenzaprine 7.5 mg #60, hydrocodone/acetaminophen 10/325 mg #60, and omeprazole 20 mg #100 were prescribed. Authorization for acupuncture treatments was requested. On 01/29/14 he was having cervical spine, right shoulder, and bilateral knee pain. He reported his main problem as having no cervical spine motion. He had run out of medications. Pain had been well-controlled with diclofenac, omeprazole, hydrocodone, and cyclobenzaprine. He was having cervical muscle spasms and residual right shoulder pain. Physical examination findings included an antalgic gait. There was a fixed cervical spine posture. He had positive right shoulder impingement testing with anterior acromioclavicular joint tenderness and decreased strength. He had bilateral knee joint line tenderness and was unable to squat. There was positive McMurray's testing. Cyclobenzaprine 7.5 mg #60, diclofenac XR 100 mg #30, hydrocodone/acetaminophen 10/325 mg #60, omeprazole 20 mg #100, and the requested topical analgesic were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list &adverse effects Page(s): 67-71.

Decision rationale: The claimant has a history of a work-related injury occurring more than 10 years ago and continues to be treated for chronic pain. He has ankylosing spondylitis with near complete fusion of the cervical spine. He is also being treated for chronic right shoulder and bilateral knee pain. The requesting provider documents that pain had been well-controlled with diclofenac, omeprazole, hydrocodone, and cyclobenzaprine.Guidelines recommend the use of NSAID (nonsteroidal antinflammatory medications) with caution as an option in the treatment of chronic pain including pain from osteoarthritis and conditions such as ankylosing spondylitis. Dosing is Diclofenac XR 100 mg PO once daily for chronic maintenance therapy. Therefore, the requested Diclofenac XR is medically necessary.

Hydrocodone/APAP 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The claimant has a history of a work-related injury occurring more than 10 years ago and continues to be treated for chronic pain. He has ankylosing spondylitis with near complete fusion of the cervical spine. He is also being treated for chronic right shoulder and bilateral knee pain. The requesting provider documents that pain had been well-controlled with diclofenac, omeprazole, hydrocodone, and cyclobenzaprine.In this case, the claimant likely has somewhat predictable activity-related breakthrough pain (i.e. incident pain) due to ankylosing spondylitis. This is a progressive and often painful condition resulting in fusion of the spine with resultant significantly decreased range of motion. There are no identified issues of abuse or addiction. Therefore, the continued prescribing of hydrocodone/APAP 10/325mg #60 was medically necessary.

Omeprazole 20mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71.

Decision rationale: The claimant has a history of a work-related injury occurring more than 10 years ago and continues to be treated for chronic pain. He has ankylosing spondylitis with near complete fusion of the cervical spine. He is also being treated for chronic right shoulder and bilateral knee pain. The requesting provider documents that pain had been well-controlled with diclofenac, omeprazole, hydrocodone, and cyclobenzaprine. He continues to receive maintenance treatment with Diclofenac XR at a recommended dose of 100mg. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a nonselective non-steroidal anti-inflammatory medication at the recommended dose. Guidelines do not recommend that a proton pump inhibitor such as omeprazole be prescribed. Therefore, Omeprazole 20mg #100 is not medically necessary.

Amitramadol-DM Transderm 240g (Amitriptyline 4% Tramadol 20%/ Dextromethorphan 10%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113.

Decision rationale: The claimant has a history of a work-related injury occurring more than 10 years ago and continues to be treated for chronic pain. He has ankylosing spondylitis with near complete fusion of the cervical spine. He is also being treated for chronic right shoulder and bilateral knee pain. The requesting provider documents that pain had been well-controlled with diclofenac, omeprazole, hydrocodone, and cyclobenzaprine.Guidelines address the role of topical analgesics. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Additionally, in this case, the claimant's pain is referenced as having been well controlled without use of this medication. Therefore, Amitramadol-DM Transderm was not medically necessary.