

Case Number:	CM14-0047041		
Date Assigned:	07/02/2014	Date of Injury:	02/23/2008
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/14/2014

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 Illinois. 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 76-year-old male who reported an injury on 02/23/2008. The mechanism of injury was not provided. On 05/05/2014, the injured worker presented with constant and moderately severe right shoulder pain with radiation to the right upper extremity and down to the fingers. He also has complaints of numbness and tingling and limited range of motion in the right upper extremity. Current medications include Norco, Robaxin, Omeprazole and topical creams. Upon examination of the right shoulder, there was limited range of motion, a positive impingement sign to the right and weakness noted to the right sided deltoid and supraspinatus muscles rated 4/5. There was paresthesia noted in the right upper extremity. The diagnoses were status post right shoulder open rotator cuff repair, status post right shoulder clavicle open reduction, status post right clavicle fracture, right carpal tunnel syndrome, per EMG dated 05/21/2008, and anxiety and depression. The provider recommended Lortab, Robaxin, Omeprazole and a topical compound cream. The provider's rationale was not provided. The Request for Authorization form was dated 05/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 82-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation and pain relief, functional status, appropriate medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The provider's request for Lortab does not indicate the dose, quantity, or frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Robaxin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin) Page(s): 65.

Decision rationale: The California MTUS Guidelines state that Robaxin is used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatments of musculoskeletal conditions when spasm is present or not. The mechanism of action is unknown but appears to be related to central nervous system depressant effects with related sedative properties. The provider's rationale for the use of this medication was not provided. Additionally, the provider's request does not indicate the dose, frequency or quantity of the medication in the request is submitted. As such, the request is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; ODG formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are moderate to high risk for gastrointestinal events. The included medical documentation does not indicate that the injured worker is at moderate to high risk for gastrointestinal events. Additionally, the provider's request does not indicate the dose, frequency or quantity of the medication in the request as submitted. As such, the request is not medically necessary.

Topical flurbiprofen 20% GEL, Ketoprofen 20%, Ketamine 10% GEL, Gabapentin 10%, Capsaicin 0.0375%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

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

Decision rationale: The California MTUS Guidelines state that topical compounds are largely experimental with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if injured workers are intolerant or unresponsive to other treatments. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. The guidelines note that muscle relaxants are not indicated for topical treatment. There is lack of documentation that the injured worker is intolerant to or unresponsive to other treatments. Gabapentin is not recommended for topical treatment. Documentation additionally lacks of evidence that the injured worker had failed a trial of antidepressants and anticonvulsants. The provider's request does not indicate the frequency or site that the gel is indicated for in the request as submitted. As such, the request is not medically necessary.