

Case Number:	CM14-0051891		
Date Assigned:	07/07/2014	Date of Injury:	01/07/2012
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 horse groomer who sustained an injury on 1/7/12 when a horse crushed him against a metal pipe and a wall. Sustained injury to his head and neck shoulders back ribs and chest. Ongoing treatment for this injury has included medications, physical therapy, acupuncture, epidural steroid injection, chiropractic treatment and steroid injections of both shoulders. He continues to complain of chest pain, headaches, neck pain radiating to both arms, low back pain and leg pain. The medical records indicate ongoing use of hydrocodone/APAP, omeprazole and Topamax. The treating physician has requested Hydrocodone/APAP 5/325 mg #90, Omeprazole 20 mg #60 and Terocin pain patch #10 patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325 #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 76, 77, 78, 80.

Decision rationale: Hydrocodone/APAP is a combination medication including hydrocodone, an opioid analgesic, and acetaminophen. The MTUS notes that the maximum dose of

hydrocodone is 60 mg in 24 hours. It states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. The medical records in this case do not document treatment with non-opioid analgesics, antidepressants, anticonvulsants, physical therapy or exercise. The diagnosis of carpal tunnel syndrome was corroborated by electrodiagnostic findings. At this time he is well within the maximum dose of 60 mg in 24 hours. The MTUS does note that continued use is recommended only if the patient has returned to work and if there is evidence of sustained meaningful functional improvement. The records do document functional improvement associated with its use, with decreased pain by approximately 50%, allowing him to increase his ability to walk and to be able to continue working in a light duty status. As such the primary treating physician has provided documentation of sustained meaningful functional improvement. As such I am reversing the prior UR decision. The request for Hydrocodone/APAP 5/325, #90, is medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitor (PPIs).

Decision rationale: Omeprazole is a proton pump inhibitor (PPI) used for treatment of gastrointestinal disorders and for patients utilizing chronic nonsteroidal anti-inflammatory drug (NSAID) therapy. The MTUS recommends use of a proton pump inhibitor if non-selective NSAIDs are used in patients with intermediate risk for gastrointestinal events and no cardiovascular disease. For patients at high risk of gastrointestinal events use of a proton pump inhibitor is absolutely necessary. The ODG guidelines note that PPIs are recommended for patients at risk for gastrointestinal events and are highly effective in preventing gastric ulcers induced by NSAIDs. In this case he does not appear to have significant risk factors for gastrointestinal events and there is no documentation of concurrent use of NSAIDs. Without concurrent NSAID treatment the request for omeprazole 20 mg #60, is not medically necessary.

Terocin pain patch 10 patches: 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: Terocin is a combination medication using Lidocaine and menthol. MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. Specifically, Topical Lidocaine is recommended only for neuropathic pain after a trial of first-line therapy. The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such the request for Terocin pain patch, 10 patches, is not medically necessary.