

Case Number:	CM14-0054839		
Date Assigned:	08/08/2014	Date of Injury:	07/22/2013
Decision Date:	09/26/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 60 year old female with complaints of neck pain and headaches. The date of injury is 7/22/13 and the mechanism of injury is motion/tension injury cleaning a floor on the job (there was an initial injury on 10/1/12 also cleaning/picking up heavy objects). At the time of request for the following: 1. Omeprazole 20mg#120 2. Hydrocodone/APAP 10/325 #120 3. Orphenadrine 100mg #120 4. Ketaprofen 75mg #180 5. Terocin pain patch box #10 6. Chiropractic care with physical modalities 2x4 7. Follow up with General Practitioner due to headaches, there is subjective (neck pain,headache pain) and objective (pain on palpation to anterior scalene muscles down to clavicle, normal neurological exam), imaging findings (xray shoulder right shows no pathology, cervical spine films not found but mention of degenerative disc disease C5/6,C6/7), diagnoses (Cervicogenic induced headaches, cervical degenerative disc disease C5/6,C6/7, carpal tunnel syndrome, right cubital tunnel syndrome), and treatment to date (epidural steroids cervical, medications, physical therapy, chiropractic care, acupuncture). In regards to request for pharmacologic treatment, the addition of a PPI in the setting of long term NSAID use may be indicated if gastrointestinal symptoms are present which there is documentation of nsaid induced gastritis in this particular case. For opioids in particular, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. There is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid

adverse effects. There is little to no support in the literature for many compounded topical agents including menthol compounded agents. The only FDA approved topical analgesics currently are voltaren gel, lidoderm, and capsaicin for select indications. Chiropractic manipulation is recommended as an option for mechanical neck problems. For severe mechanical neck disorders, recommendations are for up to 24 sessions as long as there is documentation of functional improvement and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Capsules #120: Overturned

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 Page(s): 68-72.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, the addition of a PPI in the setting of long term NSAID use may be indicated if gastrointestinal symptoms are present which there is documentation of NSAID induced gastritis in this particular case. In this case, there is documentation to support the continued use of NSAID and associated gastrointestinal symptoms. Therefore, the request for omeprazole 20mg is medically necessary.

Hydrocodone/APAP 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, it is my opinion that the request for hydrocodone 10/325 #120 is not medically necessary.

Orphenadrine Citrate 100 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 63-64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Again, there is no documentation of drug efficacy, improvement in function, nor is there mention of any specific duration of treatment. Therefore, this drug is not medically necessary.

Ketaprofen 75 mg Capsules #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Unfortunately, there is no documentation of failure of over the counter analgesics such as motrin and acetaminophen. Therefore, ketoprofen 180mg is not medically necessary.

Terocin Pain Patch Box (10 Patches): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 112.

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

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, there is little to no support in the literature for many compounded topical agents including menthol compounded agents. The only FDA approved topical analgesics currently are voltaren gel, lidoderm, and capsaicin for select indications. Therefore, the request for Terocin Pain Patch is not medically necessary.

Trial of Chiropractic Care with Physical Modalities 2 x 4: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) <Neck and Upper Back> <Manipulation>.

Decision rationale: Per ODG treatment decisions, chiropractic manipulation is recommended as an option. For severe mechanical neck disorders, recommendations are for up to 24 sessions as long as there is documentation of functional improvement and pain. Per Medical Examination report dated 6/26/14, it is documented that there is functional improvement and patient benefit from the previous chiropractic sessions. Therefore it is my opinion that the request for trial of chiropractic care with physical modalities 2x4 is medically necessary.

Follow Up Appointment With General Practitioner Due to Headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) <Neck and Upper Back>, <headaches>.

Decision rationale: Per ODG, treatment for headaches is recommended. Head and neck injury is a significant risk factor for chronic headaches. It is medically necessary for medical follow up evaluation of headache.