

Case Number:	CM14-0066751		
Date Assigned:	07/11/2014	Date of Injury:	03/09/2001
Decision Date:	08/13/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 & 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 65-year-old female who reported an injury on 03/09/2001 caused by an unspecified mechanism. The injured worker's treatment history included medications and a home exercise program. The injured worker was evaluated on 06/23/2014, and it was documented that the injured worker had pain in her cervical spine, both shoulders, both wrists, head, and neck. It was noted that her pain was increased with reaching, lifting, pushing, and pulling. She had numbness and tingling in both of her hands that radiated. The physical examination of the cervical spine revealed tenderness to palpation over the paravertebral and trapezial musculature with spasms. The flexion and extension was 30 degrees. The physical examination of the bilateral shoulders had tenderness over the biceps tendon present with spasms over the trapezial region. Her flexion and abduction was 160 degrees. The physical examination of the bilateral wrists had tenderness and was positive for the Finkelstein's test. Her flexion and extension was 60 degrees. It was noted that the straight leg raise test produced pain in the sacrum region and coccyx. There was tenderness over the sacral coccyx area. The injured worker's diagnoses included coccyx pain; cervical spine musculoligamentous sprain; biceps tendinitis, shoulders; and bilateral carpal tunnel syndrome. The medications included Flurbiprofen Menthol-Capsaicin topical medication, Hydrocodone, Colace, and Omeprazole. It was noted that the injured worker stated that the medication helped control her symptoms and are helpful. The request for authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Menthol-Capsaicin topical medication: Upheld

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

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

Decision rationale: On 06/23//2014, the injured worker complained of cervical spine, bilateral shoulders, head, and neck pain. The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was no documented evidence of conservative care, such as physical therapy or home exercise regimen outcome improvements noted for the injured worker. In addition, there was no documentation provided on the frequency or location of where the Flurbiprofen Menthol-Capsaicin topical ointment would be applied and a specified quantity of the ointment was not provided. As such, the request for Flurbiprofen Menthol-Capsaicin topical medication is not medically necessary.

Hydrocodone 7.5mg/325mg (Extra strength) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: On 06/23//2014, the injured worker complained of cervical spine, bilateral shoulders, head, and neck pain. The Chronic Pain Guidelines indicate that the criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was no urine drug screen submitted for the injured worker to identify the injured worker's ongoing compliance regimen of the Hydrocodone 7.5 mg/325 mg. In addition, the request does not include the frequency. In addition, there was no documented evidence of conservative care, such as physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, the request for the ongoing use of hydrocodone 7.5 mg/325 mg (Extra Strength) # 60 is not supported by the guideline recommendations. As such, the request is not medically necessary.

Colace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/docusate-sodium.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that Colace is recommended for patients taking non-steroidal anti-inflammatory drugs (NSAIDs), and who are at risk of gastrointestinal events. The documentation provided did state that the injured worker was having gastrointestinal events and the Colace resolves the issue; however, the request lacked frequency, quantity and dosage of the medication for the injured worker. Given the above, the request for Colace is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that Omeprazole is recommended for patients taking non-steroidal anti-inflammatory drugs (NSAIDs), and who are at risk of gastrointestinal events. The documentation provided did state that the injured worker was having gastrointestinal events and the Omeprazole resolves the issue; however, the request lacked frequency, quantity and dosage of the medication for the injured worker. Given the above, the request for Omeprazole is not medically necessary.