

Case Number:	CM14-0069285		
Date Assigned:	07/14/2014	Date of Injury:	09/19/2011
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational Medicine 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 38-year-old male who has submitted a claim for status post cervical fusion, headaches, bilateral carpal tunnel syndrome status post carpal tunnel release, bilateral cubital tunnel syndrome, stress, and insomnia associated with an industrial injury date of 9/19/2011. Medical records from 2013 to 2014 were reviewed. The injured worker complained of symptomatic relief status post left carpal tunnel release. The injured worker reported minimal tingling sensation of the left hand, moderate to severe neck pain with intermittent headaches, and pain radiated to the left upper extremity. Physical examination showed well healed surgical scars. Neurocirculatory status was intact. Sensory was normal. The injured worker was able to perform full fist. Range of motion of both shoulders was restricted. Both Tinel's sign and Phalen's sign were positive on the left. Treatment to date has included left carpal tunnel release on the 4/18/2014, right carpal tunnel release on 1/17/14, cervical fusion, physical therapy, and medications such as Norco, Xanax, Prilosec, ibuprofen, and topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since November 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5/325mg #60 is not medically necessary.

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on Xanax since November 2013 for insomnia. However, there was no discussion concerning sleep hygiene or evidence of functional improvement from its use. Furthermore, diazepam is not recommended for long-term use as stated by the guidelines. The medical necessity has not been established. Therefore, the request for Xanax 1mg #60 is not medically necessary.

Prilosec 20 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since November 2013. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this

medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Prilosec 20mg #90 is not medically necessary.

Ibuprofen 800mg #100: 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): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on ibuprofen since November 2013. However, there was no documentation concerning pain relief and functional improvement attributed to its use. Long-term use is likewise not recommended. Therefore, the request for Ibuprofen 800mg #100 is not medically necessary.

Topical Cream (Ketoprofen/Gabapentine/Tramadol) #1: 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): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. The MTUS does not support the use of opioid medications and gabapentin in a topical formulation. The topical formulation of tramadol does not show consistent efficacy. In this case, topical product was prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains ketoprofen, gabapentin, and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Topical Cream (Ketoprofen/Gabapentine/Tramadol) #1 is not medically necessary.