

Case Number:	CM14-0083649		
Date Assigned:	07/21/2014	Date of Injury:	08/01/2005
Decision Date:	10/01/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas. 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 41 year old female who sustained an injury on 08/01/05. No specific mechanism of injury was noted. The injured worker has been followed for complaints of pain in the bilateral wrists and hands with associated weakness on grip strength testing. The injured worker also described numbness and tingling in the bilateral hands. Magnetic resonance image studies of the left hand were reported as normal. The injured worker did have edematous restricted range of motion on physical examination as of 04/16/14. In the lumbar spine there were paravertebral muscular spasms as well as restricted lumbar range of motion. Straight leg raising was reported as positive to the right. Medications were continued at this visit and electrodiagnostic studies were ordered. The requested omeprazole DR 20 mg #30 with 2 refills, Medrox pain relief ointment with 2 refills, hydrocodone 10/325 mg #60 and cyclobenzaprine 10 mg #60 with 2 refills were all denied by utilization review on 05/16/14. 13011

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg QD #30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In regards to the use of Omeprazole DR 20mg quantity 30 with two refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

Medrox pain relief ointment with 2 refills: Upheld

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

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

Decision rationale: In review of the clinical documentation submitted for review, it is this reviewer's opinion that the requested Medrox pain relief ointment with 2 refills would not be medically necessary. The clinical documentation submitted for review did not clearly indicate any substantial functional improvement or pain reduction with the use of this topical analgesic. Per guidelines, topical analgesics are largely considered experimental and investigational due to the limited evidence in the clinical literature establishing their efficacy as compared to standard oral medications. In this case there is no indication the injured worker has failed other first line medications for neuropathic pain such as antidepressants or anticonvulsants. Given the absence of any clear clinical indication for this medication, it is this reviewer's opinion that the request is not medically appropriate.

Hydrocodone-APAP 10 mg-325 mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The use of a short acting narcotic such as hydrocodone can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided did not

identify any particular functional improvement obtained with the ongoing use of hydrocodone or any any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker indicated for hydrocodone given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this reviewer would not have recommended this request as medically necessary.

Cyclobenzaprine HCL 10 mg BID #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants-Cyclobenzaprine Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 63-67.

Decision rationale: In regards to the use of cyclobenzaprine 10mg quantity 60 with two refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication. The request is not medically necessary.