

Case Number:	CM14-0087191		
Date Assigned:	08/08/2014	Date of Injury:	07/22/2013
Decision Date:	09/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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 and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 60-year-old female with a date of injury of 07/22/2013. The listed diagnoses per [REDACTED] are: 1. Chronic neck pain. 2. Cervical radiculopathy. 3. Right shoulder arthralgia. 4. Ongoing headaches. According to progress report 04/16/2014, the patient presents with ongoing neck pain and headaches that she rates a 5/10 on a pain scale. Patient reports some improvement in her condition with less headaches overall. She is taking Norco, Norflex, Prilosec, Ketoprofen, and utilizing Terocin Patches. Patient reports medications are helping throughout the day and helping her do house chores with no side effects. Examination revealed tenderness to palpation of the cervical spine with spasm noted. The range of motion of the cervical spine is decreased. The treater is recommending "general orthopedic consultation for the right shoulder complaints." He is also requesting refill of medication Terocin Patch #10, Hydrocodone APAP 7.5/325mg #30, Omeprazole 20mg #120, Ketoprofen 75mg #90 and follow-up appointments with general practitioner due to ongoing headaches. Utilization review denied the requests on 05/19/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch Box, qty 10: Upheld

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

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

Decision rationale: This patient presents with ongoing neck pain and headaches. The treater is requesting a refill of Terocin patch box #10. Terocin patches contain Salicylate, Capsaicin, Menthol, and Lidocaine. The MTUS Guidelines page 112 states under Lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches for the patient's neck and shoulder pain, which is not supported by the guidelines. The requested Terocin patches are not medically necessary.

Hydrocodone/APAP 7.5/325mg, qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with ongoing neck pain and headaches with numbness down bilateral hands. The treater is requesting a refill of Hydrocodone/APAP 7.5/325 mg #30. MTUS Guidelines; pages 88 and 89 states "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since 12/16/2013. Pain scales are utilized to denote patient's level of pain and the patient continually reports medications help her do house chores with no side effects. Given the efficacy of this medication, the request for Hydrocodone/APAP 7.5/325mg QTY 30 is medically necessary.

Omeprazole 20mg, qty 120: 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): 69.

Decision rationale: This patient presents with ongoing neck pain and headache with bilateral hand numbness. The treater is requesting a refill of Omeprazole 20mg #120. Review of the

medical file indicates the patient has been taking Omeprazole concurrently with Ketoprofen 75mg since at least 12/16/2013. The MTUS Guidelines page 68 and 69 state that "omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID." The patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request for Omeprazole 20mg, QTY 120 is not medically necessary.

Ketoprofen 75mg, qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: This patient presents with ongoing neck pain and headaches with bilateral hand numbness. The treater is requesting a refill of Ketoprofen 75mg #90. Utilization review denied this request stating, "This was certified about 2 days prior to this request, there is no medical necessity for a repeat authorization at this time." The MTUS Guidelines page 22 supports use of NSAIDS for chronic LBP as a first line of treatment. Progress report 04/116/2014 reports medications help with pain and the patient is able to do house work. Given the patient continued neck pain and decrease in pain with his medication, Ketoprofen may be indicated. The request for Ketoprofen 75mg QTY 90 is medically necessary.

Follow up visit: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with ongoing neck pain and headaches with bilateral hand numbness. The treater is requesting follow-up visits with the primary treating physicians due to ongoing headaches. Utilization review denied the request stating, "There is no medical necessity to approve an additional office visit." ACOEM Chapter 12, Low Back Pain page 303 has the following regarding follow-up visits, "Patients with potentially work-related low back complaint should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." Given the patient's continued pain and medication intake, follow up visit with his PTP may be warranted. The request for follow-up visit is medically necessary.

Orthopedic Consult for Right Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Practice Guidelines, 2nd Edition (2004) Page(s): 127.

Decision rationale: This patient presents with ongoing neck pain and headaches with bilateral hand numbness. The treater is requesting a referral for an Orthopedic Consultation for patient's continued right shoulder complaints. Utilization review denied the request stating prior authorization for an Orthopedic Consultation has been approved; however, there was no indication that it has been completed. ACOEM Practice Guidelines second edition {2004} page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater is concerned of patient's continued complaints of shoulder pain. A referral for an Orthopedic Consultation for further evaluation may be indicated. The request for Orthopedic Consultation is medically necessary.