

Case Number:	CM14-0096193		
Date Assigned:	07/25/2014	Date of Injury:	07/25/2005
Decision Date:	09/24/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 53-year-old female who reported an injury due to continuous and repetitive trauma on 07/25/2005. On 12/17/2013, her diagnoses included adhesive capsulitis of shoulders, bilateral shoulder pain, chronic pain syndrome, insomnia related to chronic pain, myofascial syndrome, neuropathic pain, and narcotic dependence. Current medications included Nucynta 75 mg, Lyrica 150 mg, Metaxalone 800 mg, Protonix 40 mg, Sintralyne (no dosage noted), Ketoprofen (compounded cream) 0.0375%, MiraLax 17g in 8oz of water, and Cidaflex with no dosage noted. On 02/10/2014, the Nucynta 75 mg was discontinued and replaced by Norco 10/325 mg. On 05/12/2014, it was noted that Protonix was discontinued and Prilosec (no dosage noted) was started. There was no rationale or request for authorization submitted with this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 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): 74-95.

Decision rationale: The request for Norco 10/325mg, QTY 60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In most cases, analgesic treatments should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for the less efficacious drugs. Long-term use may result in immunological or endocrine problems. The documentation submitted revealed that this worker has been taking opioid medication since 12/17/2013. There was no documentation in the submitted chart regarding appropriate long-term monitoring/ evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, quantified efficacy, or collateral contacts. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325mg, QTY 60 is not medically necessary.

Prilosec (strength not specified), qty 60: 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 (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec (strength not specified), QTY 60 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Prilosec, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAID use. Prilosec is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration or dosage of the medication. Therefore, this request for Prilosec (strength not specified), QTY 60 is not medically necessary.

Sentra AM, qty 60: Upheld

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 Official Disability Guidelines (ODG), Pain, Medical food.

Decision rationale: The request for Sentra AM, QTY 60 is not medically necessary. Sentra AM is a medical food which is defined as a food which is formulated to be consumed or administered entirely under supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Sentra AM is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress disorder, neurotoxicity induced fatigue syndrome, and cognitive impairment. There is no evidence in the submitted documentation that this worker had any of the above conditions. Additionally, there was no frequency of administration or dosage included with the request. Therefore, this request for Sentra AM, QTY 60 is not medically necessary.

Miralax (dose & qty unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ternent CA, Bastawrous AL, Morin NA, Ellis CN, Hyman NH, Buie WD, Standards Practice Task Force of The American Society of Colon and Rectal Surgeons. Practice parameters for the evaluation and management of constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Miralax (dose & QTY unknown) is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. The physician should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver, or guardian. Prophylactic treatment of constipation should be initiated. In long-term uses of opioids including 6 months or more, constipation is a side effect. This worker has been using opioids per the submitted documentation since 12/17/2013. Additionally, the request did not specify a dose, frequency of administration, or the quantity to be ordered. Therefore, this request for Miralax (dose & QTY unknown) is not medically necessary.

Fluoroflex Ointment 240mg: 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 request for Fluoroflex Ointment 240mg is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including NSAIDs and muscle relaxants.

Topical NSAIDs are recommended for a short use of 4 to 12 weeks and there is little evidence to use topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The only FDA approved NSAID for topical application is Voltaren gel 1% (Diclofenac), which is indicated for relief of osteoarthritis in joints. Fluoroflex ointment contains Flurbiprofen an NSAID not approved by the FDA for topical use and cyclobenzaprine. There is no evidence to use any muscle relaxant as a topical product. Additionally, the body part or parts to which this cream was to have been applied were not specified in the request nor was there a frequency of application. Therefore, this request for Fluoroflex Ointment 240mg is not medically necessary.