MAXIMUS Federal Services

Case Number:	CM13-0047997		
Date Assigned:	12/27/2013	Date of Injury:	08/22/2010
Decision Date:	03/06/2015	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male who sustained an industrial injury on 8/22/2010. He has reported low back pain. The diagnoses have included lumbar radiculopathy and a herniated nucleus pulposus of the lumbar spine. Treatment to date has included epidural steroid injections and micro-lumbar decompression on 1/3/2013. There were limited medical records for review and all diagnoses and treatment modalities were not available for review. Currently, the IW complains of low back pain with right lower extremity burning and pain. Treatment plan from the PR2 dated 3/19/2014 included Amitriptyline Hcl 10 mg #60, Hydrocodone/APAP 10/325 mg #90, Omeprazole 20 mg #60, Tramadol ER 150 mg #30 and the request for CM4 caps 0.05 percent plus Cyclo 4% was taken from the Utilization Review decision information. On 10/30/2013, Utilization Review certified the Amitriptyline Hcl and the Tramadol and non-certified the CM4 Caps, noting the lack of medical necessity. The Utilization Review modified the Hydrocodone from #90 to #60 for weaning and the Omeprazole from #60 to #30 treating physician to allow for daily use. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 10/20/2013, the injured worker submitted an application for IMR for review of non-certified and modified medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for hydrocodone/APAP, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone/APAP is not medically necessary.

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.

CM4-CAPS 0.05% + CYCLO 4%: 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: Regarding the request for CM4, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested CM4 is non-certified.