

Case Number:	CM14-0110483		
Date Assigned:	08/01/2014	Date of Injury:	07/12/2011
Decision Date:	01/15/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 Montana. 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 46 year old female with a date of injury as 07/12/2011. The mechanism of injury is not documented in the medical records provided. She does have ongoing complaint of right shoulder elbow and wrist pain with weakness and numbness and tingling. Treatment has included medications, physical therapy, acupuncture, and cortisone injection to the right shoulder. Her current diagnoses include shoulder pain status post right shoulder arthroscopic surgery, right elbow pain with medial and lateral epicondylitis and right wrist symptoms secondary to carpal tunnel syndrome. Medications have included ibuprofen, naproxen, omeprazole and Amitramadol cream. It was noted that ibuprofen was no longer helpful and the injured worker was switched to Naproxen for pain control. The injured worker is temporarily totally disabled. The utilization review performed on 06/17/2014 non-certified a prescription for ibuprofen, omeprazole, and Amitramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600MG #60 X 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 70-730.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68.

Decision rationale: Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID). The MTUS states that nonsteroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. In this case the records do document long term use with no functional improvement and some gastrointestinal side effects. The treatment note of 12/17/13 states that ibuprofen has not been helpful. The request for Ibuprofen 600 mg #60 with 1 refill is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-inflammatory Drugs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors

Decision rationale: Omeprazole (Prilosec) is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with nonsteroidal anti-inflammatory drug use. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple nonsteroidal anti-inflammatory drugs. The ODG guidelines state that, in general, the use of a PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The medical records show that omeprazole has been used since December 2013. The use of ibuprofen has been determined to be not medically necessary. As such, the criteria for use of proton pump inhibitors is not met. The request for omeprazole 20mg #60 is not medically necessary.

Amitramadol cream 240gm: Upheld

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

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

Decision rationale: The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case the medical records do not describe neuropathic the use of pain that has not responded to antidepressants or antiepileptic medications. topical analgesics would not be preferable to use of oral agents. The request for Amitramadol cream 240gm is not medically necessary.