

Case Number:	CM14-0200368		
Date Assigned:	12/19/2014	Date of Injury:	04/21/1983
Decision Date:	02/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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 Arizona. 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 73 year old male with date of injury 4/21/83. The mechanism of injury is not described in these medical records. The injured worker is being managed for lumbago/low back pain, myofascial pain syndrome/fibromyalgia he is post carpal tunnel release bilaterally, three times on the right and two times on the left, He is following with pain management. He saw pain management on 9/30/14 where he reported that his meds work well with no side effects, pain is achy and is constant and ongoing, pain is 4/10 with meds. His physical examination of the lumbar spine revealed tenderness, facet joint tenderness, decreased flexion, decreased extension and decreased lateral bending. A review of his medical records reveal that he has been consistently chronically managed on his meds and it is documented in his note that his current regimen helps to decrease pain and improve function, his quality of life is improved while on the medications and they help with performing his activities of daily living. The request is for BenGay arthritis formula topical cream for 30 days with 3 refills, hydrocodone/APAP 5/325mg #150 for 30 days, Metamucil plus calcium 1g/60 mg #240 for 30 days with 2 refills and Prilosec 20mg for 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

BenGay Arthritis Formula Topical Cream for 30 Days with 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 104.

Decision rationale: MTUS recommends the use of topical salicylates like BenGay and is said to be significantly better than placebo in chronic pain. The injured worker has been using this medication chronically with documented improvement in pain and functional status therefore the request for BenGay arthritis formula topical cream for 30 days with 3 refills is medically necessary for the injured worker.

Hydrocodone APAP 5/325 MG #150 for 30 Days with 1 Refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per MTUS Opioids are recommended for the treatment of chronic pain and there are 4 domains for ongoing monitoring which are analgesia, activities of daily living adverse side effects and aberrant drug taking behaviors, all of which are addressed in the injured workers medical records, It is documented that his pain is reduced with his medication and he is better able to perform his activities of daily living, adverse effects of constipations is addressed with Metamucil and his urine drug screens have all been consistent with his prescribed medication. Per MTUS Opioids should be continued if the patient has improved functioning and pain. Therefore in this injured worker there appears to be no reason to change his regimen and therefore the request for hydrocodone/APAP 5/325mg #150 for 30 days with 1 refill is medically necessary.

Metamucil Plus Calcium 1 Gram/60 MG #240 for 30 Days with 2 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid induced constipation treatment.

Decision rationale: Metamucil is a bulk laxative used in the treatment of constipation. Per MTUS, when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. The ODG also recommends treating opioid induced constipation. In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. Therefore based on the injured workers clinical presentation

and the guidelines, Metamucil plus calcium I g/60 mg #240 for 30 days with 2 refills is medically necessary.

Prilosec 20 MG #90 for 90 Days: Overturned

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

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

Decision rationale: Per MTUS the use of Proton pump inhibitors is recommended in patients with risk factors for GI events if they are over the age of 65, if they have a history of GI bleeding or perforation, concurrent use of ASA, corticosteroids and or anticoagulant, and high dose /multiple NSAIDS, the injured workers medical records do not reveal use of any other NSAIDs other than topical salicylate, and there was no history of any GI event, however the patients age alone does represent a risk factor for GI events and therefore in the injured worker the request for Prilosec 20mg for 90 days is medically necessary.