MAXIMUS Federal Services

Case Number:	CM14-0200948		
Date Assigned:	12/11/2014	Date of Injury:	08/28/2010
Decision Date:	01/28/2015	UR Denial Date:	10/27/2014
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 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:

This female individual has developed bilateral wrist/hand pain and low back pain subsequent to an injury date 8/28/10. She has been diagnosed with mild bilateral carpal tunnel syndrome and with mild low back pain which did not cause impairment and was considered non ratable and by an AME evaluator. She has been treated with a right-sided carpal tunnel release that did not improve her symptoms or functional capabilities. She is dispensed medication from the treating physicians office and pain relief is reported on a check sheet, but no objective details of functional improvement are documented. Her upper extremity pain has some neuropathic pain characteristics. There is no narrative support for gastrointestinal problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg qty #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Functional Improvement Measures Page(s): 78-80, 48.

Decision rationale: MTUS Guidelines are very specific regarding the responsible provision of long-term opioid medications. The standards call for clear documentation of pain improvements

and functional measurements. The providing physician does not meet the Guideline standards that would clearly support improvement in functioning. Under these circumstances, guidelines do not support the long-term use of opioids. 'The Ultram 50 mg #120 is not medically necessary.

Prilosec 20 mg qty #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS Guidelines do not recommend the routine use of proton pump inhibitors unless there are specific risk factors associated with NSAID use or there are gastric symptoms associated with medications. The treatment narratives associated with office visits do not document any GI symptoms. In addition the AME evaluator review of symptoms states there are no GI issues. Proton pump inhibitors are not benign mediations with long-term use associated with increased fractures, lung infections and mineral dysregulation. Under these circumstances there is inadequate support for the Prilosec on a daily bases. The Prilosec 20 mg #30 is not medically necessary.

Norflex 100 mg qty #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

Decision rationale: MTUS Guidelines do not recommend the long-term use of muscle relaxants. There are no unusual circumstances to justify an exception to Guidelines. The Norflex 100 mg #60 is not medically necessary.

Neurontin 600 mg qty #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 18, 20.

Decision rationale: Some pain relief is documented from her oral analgesics. The Guideline standards are not as specific to justify long-term use of Gabapentin (Neurontin) as it is for long-term opioid use. Guidelines also state that a 30% improvement in pain is significant from this class of drugs. The Gabapentin is consistent with guidelines and the Neurontin 600 mg #60 is medically necessary.

Dendracin lotion: 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, Methyl Page(s): 111-113.

Decision rationale: MTUS Guidelines are very specific that if an ingredient is not FDA approved for topical use and compound containing such an ingredient is not recommended. Dendracin is a blend of over the counter ingredients consisting of Methyl Salicylate, Capsaicin .0375% and Menthol 10% that is then office dispensed as a special compounded medication. Guidelines specifically state that this concentration of Capsaicin is not recommended making the request not supported by guidelines. The Dendracin is not medically necessary.