

Case Number:	CM14-0204192		
Date Assigned:	12/16/2014	Date of Injury:	11/13/2004
Decision Date:	02/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab 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 60 year old female reportedly sustained a work related injury on November 13, 2004. Diagnoses include bilateral carpal tunnel syndrome, tenosynovitis of right thumb and chronic pain syndrome. Magnetic resonance imaging (MRI) of cervical spine revealed disc bulge and possible spasm. Primary treating physician visit dated June 6, 2014 provides the injured worker has continued pain in shoulders and wrists with weakness. Physical exam reveals 10 degree flexion and extension of cervical spine with tenderness and flexion and abduction of 90 degrees in shoulders with tenderness. Primary treating physician visit dated October 17, 2014 provides the injured worker status is essentially the same with continued pain in shoulders and wrists with weakness. Pain is rated 7/10. She reports 35% reduction of symptoms related to medication. Physical exam reveals 10 degree flexion and extension of cervical spine with tenderness and flexion and abduction of 90 degrees in shoulders with tenderness. She is considered permanent and stationary and is not working. On November 10, 2014 utilization review non-certified a request dated October 31, 2014 for Colace 100mg #60, Norco 10/325mg #240, Valium 10mg #120 30gm and Cyclobenzaprine 10% Tramadol 10% topical cream 120gm. Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines were cited in the determination. Application for independent medical review (IMR) is dated December 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60 Date of Service 10/17/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The patient presents with bilateral carpal tunnel syndrome, tenosynovitis of right thumb and chronic pain syndrome. The current request is for Colace 100mg #60 Date of Service 10/17/14. The treating physician indicates the current request is to "assist in reducing or aiding in resolving the patient's signs and symptoms." The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." The patient has been stable on opioids with Colace without documentation of constipation. In reviewing the reports submitted, the patient has been prescribed the medication since at least June 2014 with no indication in later reports of constipation due to opioids. MTUS states prophylactic treatment of constipation is recommended. The current request is medically necessary.

Norco 10/325mg #240 Date of Service 10/17/14: Upheld

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: The patient presents with bilateral carpal tunnel syndrome, tenosynovitis of right thumb and chronic pain syndrome. The current request is for Norco 10/325mg #240 Date of Service 10/17/14. The treating physician indicates the current request is to "assist in reducing or aiding in resolving the patient's signs and symptoms." The MTUS guidelines on pages 88 and 89 state "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, activities of daily living (ADL's), Adverse effects and Adverse behavior). In this case, such documentation is not provided for the 4 A's except that the patient is limited to 35% of normal ADL due to pain. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In the records provided, none of the 4 A's are discussed. The documentation provided does not outline the requirements as stated in the MTUS guidelines for continued opioid usage. The request is not medically necessary.

Valium 10mg #120 Date of Service 10/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with bilateral carpal tunnel syndrome, tenosynovitis of right thumb and chronic pain syndrome. The current request is for Valium 10/mg #120 Date of Service 10/17/14. The treating physician indicates the current request is to "assist in reducing or aiding in resolving the patient's signs and symptoms." The MTUS guidelines state that Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." In this case the patient has been prescribed this medication for at least 3 months based on the medical records provided. The current request exceeds the guideline recommendations for short term usage. The request is not medically necessary.

30gm Cyclobenzaprine 10% Tramadol 10% topical cream 120gm Date of Service 10/17/14:
Upheld

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

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

Decision rationale: The patient presents with bilateral carpal tunnel syndrome, tenosynovitis of right thumb and chronic pain syndrome. The current request is for 30gm Cyclobenzaprine 10% Tramadol 10% topical cream 120gm Date of Service 10/17/14. The treating physician indicates the current request is to "assist in reducing or aiding in resolving the patient's signs and symptoms." The MTUS has the following regarding topical creams (page 111, chronic pain section): "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." In this case, cyclobenzaprine and tramadol are not supported for topical formulation. The request is not medically necessary.