

Case Number:	CM14-0054391		
Date Assigned:	08/06/2014	Date of Injury:	10/04/2011
Decision Date:	01/29/2015	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Interventional spine 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:

The patient is a 53 year old female with an injury date of 10/04/11. Based on progress report dated 03/12/14, the patient complains of pain in right shoulder, arm and wrist accompanied by tingling and numbness in the right hand. Physical examination of the right shoulder revealed restricted range of motion in flexion and abduction along with a positive impingement sign. Physical examination of the wrist revealed tenderness to palpation along the joint lines with positive Tinel's sign and Phalen's test. There is reduced sensation and grip strength in the right hand. Physical examination of the lumbar spine reveals tenderness and spasms in the paravertebral muscles along with restricted range of motion and positive straight leg raise. Medications, as per progress report dated 03/12/14, include Medrox ointment, Omeprazole, Hydrocodone, and Cyclobenzaprine. The patient has been allowed to work with restrictions, as per progress report dated 03/12/14. MRI of the Right Shoulder, 02/25/14:- Bursitis without evidence of rotator cuff evidence or tear- Rotator cuff tendinopathy is manifest Diagnoses, 03/12/14:- Derangement of joint not otherwise specified of shoulder- Sprains and strains of wrist not otherwise specified- Carpal Tunnel syndrome- Anxiety state not otherwise specified. The treating physician is requesting for (a) MEDROX PAIN RELIEF OINTMENT # 120 (b) OMEPRAZOLE DR 20 mg # 30 (c) HYDROCODONE 5/325 mg # 60 (d) CYCLOBENZAPRINE HCL 10 mg # 30. The Utilization Review being challenged is dated 04/05/14. Treatment reports were provided from 10/30/13 - 04/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment #120: Upheld

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

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

Decision rationale: The patient presents with pain in right shoulder, arm and wrist accompanied by tingling and numbness in the right hand, as per progress report dated 03/12/14. The request is for Medrox pain relief ointment # 120. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox ointment contains methyl salicylate, menthol and capsaicin. The first prescription for the topical formulation was noted in progress report dated 10/30/13. The patient has been using the ointment consistently since then. The treating physician, however, does not discuss why the ointment was chosen over other topical formulations. There is no record of its impact on pain and function. Additionally, MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. The Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.

Omeprazole Dr 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: The patient presents with pain in right shoulder, arm and wrist accompanied by tingling and numbness in the right hand, as per progress report dated 03/12/14. The request is for Omeprazole DR 20 mg # 30. MTUS pg. 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The first prescription for Omeprazole was noted in progress report dated 10/30/13. The patient has been receiving the medication consistently since then. However, none of the available progress reports document use of NSAIDs which are commonly associated dyspepsia and other related symptoms. The treating physician does not explain why Omeprazole is being prescribed. The reports do not indicate any gastrointestinal symptoms. The patient is under 65 years of age.

There is no history of ASA, corticosteroids, and/or an anticoagulant use. Given the lack of adequate documentation in terms of GI risk assessment, this request IS NOT medically necessary.

Hydrocodone 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for Use of Opioids Page(s): 60, 61; 88, 89; 76-78.

Decision rationale: The patient presents with pain in right shoulder, arm and wrist accompanied by tingling and numbness in the right hand, as per progress report dated 03/12/14. The request is for Hydrocodone 5/325 mg # 60. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The first prescription of Hydrocodone was noted in progress report dated 10/30/13. The patient has been receiving the opioid consistently at least since then. However, the treating physician does not discuss the need for the drug. There is no documentation of specific changes in the pain scale and improvement in activities of daily living before and after taking Hydrocodone. No urine drug screen and CURES reports were provided for review. The reports do not list the side effects in the patient due to long-term opioid use. Since impact of the medication is not clear with regards to the 4As including analgesia, specific ADL's, adverse reactions, and aberrant behavior, the request for Hydrocodone IS NOT medically necessary.

Cyclobenzaprine HCL 10 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain in right shoulder, arm and wrist accompanied by tingling and numbness in the right hand, as per progress report dated 03/12/14. The request is for Cyclobenzaprine HCL 10 mg # 30. MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." A review of the reports indicates that this request is the first prescription for Cyclobenzaprine. However, the patient has been taking another muscle

relaxant Orphenadrine since at least 10/30/13. The treating physician does not state the reason for this switch. While the physical examination of the lumbar spine revealed spasms in the paraspinal musculature, as per progress report dated 03/12/14, the treating physician does not document a reduction in pain or improvement in function in any of the progress reports. MTUS only recommends short-term use of muscle relaxants with a record of improvement in pain and function. Hence, this request IS NOT medically necessary.