

Case Number:	CM15-0004315		
Date Assigned:	01/15/2015	Date of Injury:	02/25/2014
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 64 year old female with an industrial injury dated February 25, 2014. The injured worker diagnoses include sprains and strains of wrist, carpal tunnel syndrome, lumbar radiculopathy, internal derangement of knee, and sleep disturbances. Treatment consisted of diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 12/17/14, the injured worker reports lower back pain radiating to bilateral lower extremities with associated numbness and tingling. Objective findings revealed bilateral tenderness in wrists and Tinel's sign was positive. Lumbar exam revealed decreased sensation with restricted range of motion. Knee exam revealed tenderness to palpitation and restrictive range of motion. There was also edema and tenderness noted in bilateral legs. The treating physician prescribed Norco 10/325mg #60, Omeprazole DR 20mg #30 x 1 refill, Orphenadrine ER 100mg #60 x 1 refill and Capsaicin 0.025% cream x 1 refill. Utilization Review determination on December 29, 2014 denied the request for Norco 10/325mg #60, Omeprazole DR 20mg #30 x 1 refill, Orphenadrine ER 100mg #60 x 1 refill and Capsaicin 0.025% cream x 1 refill, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids f.

Decision rationale: The requested Norco 10/325 mg, # 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain with radiation to both lower extremities with numbness and tingling. The treating physician has documented positive wrist Tinel sign and tenderness, lumbar tenderness with decreased range of motion and sensation, and knee tenderness to palpation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg, # 60 is not medically necessary.

Omeprazole DR 20mg #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chr.

Decision rationale: The requested Omeprazole 20 mg, # 30 with 1 refill, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has lower back pain with radiation to both lower extremities with numbness and tingling. The treating physician has documented positive wrist Tinel sign and tenderness, lumbar tenderness with decreased range of motion and sensation, and knee tenderness to palpation. The treating physician has not documented medication-induced GI complaints or GI risk factors, nor derived functional benefit from its use. The criteria noted above not having been met, Omeprazole 20 mg, # 30 with 1 refill is not medically necessary.

Orphenadrine ER 100mg #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

Decision rationale: The requested Orphenadrine 100 mg # 60 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has lower back pain with radiation to both lower extremities with numbness and tingling. The treating physician has documented positive wrist Tinel sign and tenderness, lumbar tenderness with decreased range of motion and sensation, and knee tenderness to palpation. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Orphenadrine 100 mg # 60 with 1 refill is not medically necessary.

Capsaicin 0.025% cream x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Top.

Decision rationale: The requested Capsaicin 0.025 % cream with 1 refill is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has lower back pain with radiation to both lower extremities with numbness and tingling. The treating physician has documented positive wrist Tinel sign and tenderness, lumbar tenderness with decreased range of motion and sensation, and knee tenderness to palpation. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Capsaicin 0.025 % cream with 1 refill is not medically necessary.