

Case Number:	CM15-0106359		
Date Assigned:	06/15/2015	Date of Injury:	11/28/2009
Decision Date:	09/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 was a 66 year old male, who sustained an industrial injury, November 28, 2009. The injured worker previously received the following treatments lumbar spine MRI and right shoulder MRI. The injured worker was diagnosed with myoligamentous strain of the lumbar spine with disc bulges at L4-L5 and L5-S1 with foraminal and central canal stenosis per MRI of June 12, 2013, compression-contusion injury of the right shoulder, status post arthroscopic surgery of the right shoulder, recurrent right shoulder rotator cuff tear. According to progress note of April 21, 2015, the injured worker's chief complaint was right shoulder pain, dull to sharp low back pain, which was occurring most of the time with radiation into the right hip with numbness and tingling. The injured worker was also having dull to sharp pain in the right shoulder, occurring most of the time. The physical exam noted tenderness on palpation of the right shoulder and lower back. There was decreased range of motion. The treatment plan included prescriptions for Terocin Patches, Diclofenac, Omeprazole, Cyclobenzaprine and urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30: 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 MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains the medications 4% lidocaine (an anesthetic) and 4% menthol (a pain reliever). The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder and in the lower back that went into the right hip with numbness and tingling. There was no discussion reporting special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty Terocin (topical lidocaine with menthol) patches is not medically necessary.

Diclofenac 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Diclofenac is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder and in the lower back that went into the right hip with numbness and tingling. These records did not include an individualized risk assessment or an exploration of the potential negative effects from diclofenac. In the absence of such evidence, the current request for sixty tablets of diclofenac 100mg is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder and in the lower back that went into the right hip with numbness and tingling. There was no discussion reporting the worker had any of the above conditions, documenting the reasons the worker had an increased risk for gastrointestinal events, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 capsules of omeprazole 20mg is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; page 124.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder and in the lower back that went into the right hip with numbness and tingling. These records indicated the worker had been taking this medication for a prolonged amount of time, and the discussion did not sufficiently describe special circumstances to support this request for long-term use. In the absence of such evidence, the current request for 60 tablets of cyclobenzaprine 7.5mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in the right shoulder and in the lower back that went into the right hip with numbness and tingling. Treatment recommendations included the use of a restricted medication. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for a urine drug screen is medically necessary.