MAXIMUS Federal Services

Case Number:	CM15-0109841		
Date Assigned:	06/16/2015	Date of Injury:	05/19/2005
Decision Date:	08/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: Physical Medicine & Rehabilitation

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 54-year-old female who reported an industrial injury on 5/19/2005. Her diagnoses, and/or impressions, are noted to include trigger finger; bilateral wrist/hand tendinitis with bilateral carpal tunnel syndrome and status-post right carpal tunnel release (8/22/07) and left (11/12/07); right shoulder impingement, bicipital tendonitis and labral tear, status-post arthroscopic surgery (2/11/09); and cervical spine strain with right, > left, radiculopathy. No current imaging studies are noted. Her treatments have included an agreed medical examination with report (3/3/10); cortisone injection therapy to the right trigger finger - ineffective; right long trigger finger release (3/18/15); multiple orthopedic surgeries in 2007); a home exercise program; braces; medication management; and rest from work. The progress notes of 5/5/2015 noted no current pain of her wrists/hands until she uses them; persistent right shoulder pain, improved since the 2/11/2009 surgery; right > left neck pain that radiated into her occipital area and causing headaches; stable industrially related depression/anxiety; and stomach upset due to pain medications and controlled by Prilosec. Objective findings were noted to include a moderately depressed mood and affect; a very slow, stiff, and upper-body tilt forward gait; the inability to fully extend the joint at the right 3rd finger; a small bulging around the proximal biceps; and moderate muscle spasms in the upper thoracic area. The physician's requests for treatments were noted to include the continuation of Norco, Naproxen Sodium, Prilosec, and Hydrocortisone Ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #30: 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, 76-78, 88, 89.

Decision rationale: This patient presents with neck, right shoulder and bilateral wrist/hand pain. The current request is for One prescription of Norco 10/325mg #30. The RFA is dated 06/10/15. Treatment history included multiple surgeries (most recent being right long trigger finger release on 3/18/15, physical therapy, cortisone injection, home exercise program, bracing, medications, and rest. The patient is permanent and stationary. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." According to progress report 05/05/15, the patient presents with bilateral wrist/hand, right shoulder and neck pain. She also suffers from depression/anxiety and stomach upset which is controlled by Prilosec. On this day her pain level was noted as '0/10,' the patient reported that pain does increase with use. Objective findings revealed very slow and stiff gait, she is unable to completely extend PIP and DIP joint of the right third finger, and there is moderate spasm in the thoracic area. The treater recommended the patient to continue with medications. The patient has been prescribed Norco "for breakthrough pain" since at least 01/19/15. Progress reports 05/5/15, 03/09/15, 02/06/15 and 01/19/15 provide the same statement that the "patient remains function-ally active with activities of daily living. Without the medication, she would be mostly bedridden." There is no further discussion regarding medication efficacy. In this case, the treater has failed to address all the 4A's as required by MTUS for opiate management. There are no specific functional improvement, or change in work status to document significant functional improvement with utilizing long term opiate.
There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

One prescription of Naproxen sodium 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8.

Decision rationale: This patient presents with neck, right shoulder and bilateral wrist/hand pain. The current request is for One prescription of Naproxen sodium 550mg #60. The RFA is dated 06/10/15. Treatment history included multiple surgeries (most recent being right long trigger finger release on 3/18/15 physical therapy, cortisone injection, home exercise program, bracing, medications, and rest. The patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg. 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that, available evidence supports the effective-ness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP MTUS Chronic Pain Medical Treatment Guidelines, pg. 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient has been prescribed Naproxen since at least 01/19/15. Specifically regarding the medication Naproxen, the treater states, "for pain and inflammation. This is appropriate per ACOEM guide and CA MTUS for chronic pain for body part affected. She uses this intermittently." This same statement is provided in progress reports 05/5/15, 03/09/15, 02/06/15 and 01/19/15. In this case, the treater has not provided adequate documentation of medication efficacy and functional improvement. Given the lack of documentation of medication efficacy, as required by the MTUS, the request IS medically necessary.

One prescription of Prilosec (omeprazole) 20mg #60: Overturned

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: This patient presents with neck, right shoulder and bilateral wrist/hand pain. The current request is for One prescription of Prilosec (omeprazole) 20mg #60. The RFA is dated 06/10/15. Treatment history included multiple surgeries (most recent being right long trigger finger release on 3/18/15, physical therapy, cortisone injection, home exercise program, bracing, medications, and rest. The patient is permanent and stationary. 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." Prilosec has been included in patient's medications, per progress reports dated 05/5/15, 03/09/15, 02/06/15 and 01/19/15. The treater states that that Prilosec is required "due to NSAID causing GI upset (per CA MTUS guidelines and to prevent GI complications from NSAIDs." The patient has been using Naproxen on a long-term basis and MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Given this patient's history of NSAID use and upset stomach, a PPI such as Prilosec is an appropriate measure. Therefore, this request IS medically necessary.

One prescription of Hydrocortisone ointment 2.5% 38.35gm #1 tube: 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 Page(s): 60. Decision based on Non-MTUS Citation Medline Plus, a service of the U.S. National Library of Medicine, for ”Hydrocortisone".

Decision rationale: This patient presents with neck, right shoulder and bilateral wrist/hand pain. The current request is for One prescription of Hydrocortisone ointment 2.5% 38.35gm #1 tube. The RFA is dated 06/10/15. Treatment history included multiple surgeries (most recent being right long trigger finger release on 3/18/15, physical therapy, cortisone injection home, exercise program, bracing, medications, and rest. The patient is permanent and stationary. MTUS, ACOEM and ODG guidelines do not discuss Hydrocortisone cream. Medline Plus, a service of the U.S. National Library of Medicine, states that "Hydrocortisone is available with or without a prescription. Low-strength preparations (0.5% or 1%) are used without a prescription for the temporary relief of (1) minor skin irritations, itching, and rashes caused by eczema, insect bites, poison ivy, poison oak, poison sumac, soaps, detergents, cosmetics, and jewelry; (2) itchy anal and rectal areas; and (3) itching and irritation of the scalp. It is also used to relieve the discomfort of mouth sores. Hydrocortisone may be prescribed by your doctor to relieve the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various skin conditions; the inflammation of ulcerative colitis (a condition which causes swelling and sores in the lining of the colon [large intestine] and rectum) or proctitis; or the swelling and discomfort of hemorrhoids and other rectal problems." Per progress reports dated 05/5/15, 03/09/15, 02/06/15 and 01/19/15 the patient is prescribed Hydrocortisone cream "with instructions to apply topically as needed." There is not further discussion regarding this topical cream. In this case, none of the available progress reports document the need for Hydrocortisone cream. The purpose of this request is not known. In addition, the patient has been prescribed this cream since at least 01/19/15 with no documentation of efficacy. MTUS page 60 requires recording of pain and function when medications are prescribed for chronic pain. Hence, this request IS NOT medically necessary.