

Case Number:	CM15-0160564		
Date Assigned:	08/26/2015	Date of Injury:	07/26/2013
Decision Date:	10/13/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 07-26-2013. The injured worker is currently off work and temporarily totally disabled. Current diagnoses include bilateral carpal tunnel syndrome status post right carpal tunnel release, cubital tunnel syndrome to left elbow with positive nerve conduction velocity study, herniated lumbar and cervical disc with positive MRI, status post left elbow cubital tunnel release, and status post left wrist carpal tunnel release. Treatment and diagnostics to date has included right carpal tunnel release surgery, physical therapy, and medications. Current medications include Norco, Ultram ER, Voltaren, Prilosec, Fexmid, Lido Ketoprofen cream, and compound cream. In a progress note dated 07-02- 2015, the injured worker presented for a follow up status post carpal tunnel release surgery and reported some baseline numbness in the right hand with improved burning and tingling. Objective findings included full range of motion of thumb and digits of the right hand and no pain with gentle passive or active range of motion. The treating physician reported requesting authorization for Norco, Ultram ER, Voltaren, Prilosec, and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 per 5/29/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". After review of the medical records, it is indicated that the injured worker had recently undergone right carpal tunnel release surgery. However, the treating physician does not document the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, or how long pain relief lasts. The injured worker has been prescribed Norco since at least 01-02-2015, well before the most recent surgery. In addition, there is no discussion regarding how the medication has helped the injured worker's level of activity, increased level of function, ability to return to work, or significant improvement in their ability to perform activities of daily living. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.

Ultram ER 150mg #60 per 5/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". After review of the medical records, it is indicated that the injured worker had recently undergone right carpal tunnel release surgery. However, the treating physician does not document the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, or how long pain relief lasts. The injured worker has been prescribed Ultram ER since at least 01-02-2015, well before the most recent surgery. In addition, there is no discussion regarding how the medication has helped the injured worker's level of activity, increased level of function, ability to return to work, or significant

improvement in their ability to perform activities of daily living. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Ultram ER is not medically necessary.

Voltaren 100mg #60 per 5/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Voltaren (Diclofenac Sodium) is classified as a non-steroidal anti-inflammatory drug (NSAID). According to California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are "recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors". Under back pain - chronic low back pain, it is "recommended as an option for short term symptomatic relief" and "that non-steroidal anti-inflammatory drugs (NSAIDs) were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants". After review of the received medical records, there is no evidence that the injured worker had received a trial of acetaminophen as the first-line treatment. There is no indication that Voltaren (Diclofenac Sodium) is providing any specific analgesic benefits, such as percent pain reduction or reduction in pain level, or any objective functional improvement. In addition, the injured worker has been prescribed Voltaren since at least 04-17-2015 and Anaprox prior to that since at least 01-02-2015 which exceeds the recommended Guidelines. Therefore, based on the Guidelines and submitted medical records, the request for Voltaren is not medically necessary.

Prilosec 20mg #60 per 5/29/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and-or anticoagulant, or high dose or multiple NSAID" use. After review of medical records, the injured worker is noted to be less than 65 years of age and even though there is NSAID usage (Voltaren), there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Prilosec (Omeprazole) is not medically necessary.

Fexmid 7.5mg #120 per 5/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Fexmid (Cyclobenzaprine) is classified as a muscle relaxant. According to California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. In regards to this claim, the documentation lacks clear evidence of muscle spasm that would require a muscle relaxant at this time. In addition, Cyclobenzaprine was prescribed in combination with other medications and has been prescribed since at least 01-02-2015. Therefore, based on the Guidelines and the submitted records, the request for Fexmid (Cyclobenzaprine) is not medically necessary.