

Case Number:	CM15-0183440		
Date Assigned:	09/30/2015	Date of Injury:	02/29/2004
Decision Date:	11/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

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 51 year old male, who sustained an industrial injury on 2-29-2004. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include right shoulder pain, status post right shoulder surgery with rotator cuff repair in 2005, right wrist, forearm, and elbow tendinitis with carpal tunnel syndrome and cubital tunnel syndrome, upper back strain, lumbar radiculopathy, and lumbar radiculopathy. Treatments to date include activity modification, medication therapy, physical therapy, and home exercise. Currently, he complained of no change in the pain of the right upper extremity, thoracic spine, low back, and right shoulder. Pain was rated 8 out of 10 VAS. Pain without medication was rated 10 out of 10 VAS and 4-5 out of 10 VAS with medication. Current medications listed included Norco, Naproxen, Pantoprazole, Lunesta, Methoderm, and Xanax since at least May 2015. It was noted medication allows him to do activities of daily living. On 7-23-15, the physical examination documented a slow gait with cane use for ambulation. The lumbar spine was tender with muscle spasm, decreased range of motion, and positive right side straight leg raising test. The thoracic spine was tender with muscle spasms noted and decreased range of motion. The shoulder was tender, as was the wrist with swelling and edema in the right forearm noted. The Phalen's test was positive on the wrist side. The plan of care included ongoing medication management. The appeal requested authorization of Xanax 0.5mg #90; Norco 7.5- 325mg #90; Naproxen Sodium 550mg #60; Pantoprazole 20mg #60; and Methoderm Topical Cream 15-10%. The Utilization Review dated 8-20-15, modified the Xanax and topical Methoderm; and denied certification for Norco, Naproxen Sodium, and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .5 MG #90: 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): Benzodiazepines.

Decision rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Xanax .5 MG #90 is not medically necessary.

Norco 7.5/325 MG #90: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 7.5/325 MG #90 is not medically necessary.

Naproxen Sodium 550 MG #60: 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: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional

improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Naproxen Sodium 550 MG #60 is not medically necessary.

Pantoprazole 20 MG #60: 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: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Pantoprazole 20 MG #60 is not medically necessary.

Menthoderm Topical Cream 15/10 Percent: 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): Topical Analgesics.

Decision rationale: Mentoderm Cream is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Mentoderm Cream. Mentoderm Topical Cream 15/10 Percent is not medically necessary.