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| Case Number: | CM15-0197792 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 10/09/2012 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/08/2015 |

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:

This injured worker is a 46 year old male who reported an industrial injury on 10-9-2012. His diagnoses, and or impressions, were noted to include compound fracture of the left ulna and radius, status-post open reduction internal fixation of the ulna and radius with irrigation and debridement (10-9-12); left rotator cuff strain and syndrome; lumbar spondylosis and disc disease; and status-post left wrist open reduction internal fixation secondary to ulnar nerve degeneration versus reflex sympathetic dystrophy; radial styloid tenosynovitis; carpal tunnel syndrome wrist (median nerve). MRI of the left shoulder and forearm was said to have been done on 12-3-2012; MRI of the lumbar spine was noted on 4-1-2015, noting disc desiccation and protrusion with narrowing. His treatments were noted to include surgery (10-9-12) with post-operative physical therapy; physical therapy for the left shoulder and low back; an agreed orthopedic medical examination on 4-2-2013; medication management; and rest from work. The progress notes of 9-2-2015 reported complaints which included bilateral lumbar, left anterior and posterior hand, and bilateral sacroiliac, and sacral pain, rated 7 out of 10, 80% of the time, and ranged from 5-8 out of 10; numbness-tingling of the left, anterior-posterior, hand 70% of the time; notable anxiety and stress with insomnia; that his pain was worsened by sitting, laying down, movements and activity, and that he felt better with physical therapy, topical compound, walking and rest. The objective findings were noted to include well-healed post-surgical scars (right upper quadrant and left forearm); tenderness at the bilateral cervical, and the bilateral elbows, forearms, and wrists, and lumbar; decreased left wrist and lumbar range-of-motion; positive Kemps and sitting root tests; and the review of the 4-1-2015 lumbar MRI. The

physician's requests for treatment were noted to include Norco 10-325 mg daily for severe pain, #45, Omeprazole 20 mg daily, and Flurbiprofen 20% compound cream, 180 grams, to be applied to the affected area to reduce pain, increase function-mobility, and decrease need for additional oral medications. Norco and Flurbiprofen 20% compound cream were noted prescribed as far back as 5-7-2015; and Omeprazole as far back as 8-6-2015. The Request for Authorization, dated 9-2-2015, was noted to include Norco 10-325 mg, Omeprazole 20 mg, and Flurbiprofen 20% compound cream, 180 grams, for sciatica, fracture of radius neck, status-post lumbar discectomy with lumbar intervertebral disc disorder and myelopathy, and periarthritis of the shoulder. The Utilization Review of 9-22-2015 non-certified the request for Omeprazole 20 mg, and a Flurbiprofen 20% compound cream, 180 grams; and modified the request for Norco 10- 325 mg #45, to #34.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg (unknown quantity): 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: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant continued use of this medication since at least August 2015. The Omeprazole 20mg (unknown quantity) is not medically necessary and appropriate.

Norco 10/325mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long- term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg, #45 is not medically necessary and appropriate.

Compound medication: Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant, Capsaicin, and steroid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and steroid for this chronic 2012 injury without improved functional outcomes attributable to their use. The Compound medication: Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%, 180gm is not medically necessary and appropriate.