

Case Number:	CM15-0024737		
Date Assigned:	03/25/2015	Date of Injury:	10/05/2005
Decision Date:	05/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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: Orthopedic Surgery, Sports 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 62-year-old female who reported an injury on 10/05/2005 due to an unspecified mechanism of injury. On 01/16/2015, she presented for a follow-up evaluation regarding her work related injury. She reported constant shoulder pain in the bilateral shoulders and constant bilateral wrists pain with numbness and tingling. She was noted to be taking her medications and reported no side effects of the medications. She stated that the topical creams helped decrease her pain and that her oral medications helped her sleep longer and complete her chores. It was recommended that the injured worker continue with her medications (take them as directed) and follow-up in 4 to 6 weeks. On re-evaluation on 02/23/2015, the injured worker continued to complain of right shoulder pain at an 8/10 to 9/10, left shoulder pain at a 6/10 to 7/10, constant right wrist pain with numbness and tingling rated at a 5/10 to 6/10, and constant left wrist pain with numbness and tingling rated at a 4/10 to 5/10. She continued to take her oral medications with no side effects and noted the pain level without medications to be at an 8/10 to 9/10. Topical creams and patches she stated helped decrease her pain and use of oral medications and allowed her to sleep longer. On examination, range of motion of the bilateral shoulders was decreased and there was tenderness at the AC joint on the right and along the trapezius muscles bilaterally with spasms. Right wrist and left wrist range of motion was documented as flexion to 40 degrees, extension of 40 degrees, radial deviation of 10 degrees, and ulnar deviation of 10 degrees. She had positive Phalen's bilaterally and decreased sensation along the right upper extremity at the C6, C7, and C8. She was diagnosed with bilateral shoulder internal derangement and status post bilateral wrist surgery. She was provided with omeprazole

20 mg for gastrointestinal irritation, Calypso cream for minor aches and pains, Terocin patches, Norco 5/325 mg, amitriptyline 25 mg, additional topical analgesics, Genicin 90 capsules with 500 mg, and Somnicin 30 capsules. The treatment plan was for the injured worker to continue her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Risks Page(s): 67-69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy and for those at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does not indicate that the injured worker had relief of her stomach irritation with the use of this medication to support its continuation. Also, the frequency and quantity objective improvement in function the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Menthoderm gel 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical gabapentin and cyclobenzaprine are not recommended for use. The documentation submitted for review does not show that the injured worker had tried and failed recommend oral medications to support the request for a topical analgesic. Also, the quantity of the medication was not stated within the request. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Terocin pain patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical gabapentin and cyclobenzaprine are not recommended for use. The documentation submitted for review does not show that the injured worker had tried and failed recommend oral medications to support the request for a topical analgesic. Also, the quantity of the medication was not stated within the request. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided failed to show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, the frequency and quantity of the medication were not stated within the request. Therefore, the request is not supported. As such, this request is not medically necessary.

Terocin compound cream: 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): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical gabapentin and cyclobenzaprine are not recommended for use. The documentation submitted for review does not show that the injured worker had tried and failed recommend oral medications to support the request for a topical analgesic. Also, the quantity of the medication was not stated within the request. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Flurbi compound cream: 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): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical gabapentin and cyclobenzaprine are not recommended for use. The documentation submitted for review does not show that the injured worker had tried and failed recommend oral medications to support the request for a topical analgesic. Also, the quantity of the medication was not stated within the request. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Gaba/Cyclo/Tram compound cream: 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): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical gabapentin and cyclobenzaprine are not recommended for use. The documentation submitted for review does not show that the injured worker had tried and failed recommend oral medications to support the request for a topical analgesic. Also, the quantity of the medication was not stated within the request. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

NPC1 compound cream: 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): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical gabapentin and cyclobenzaprine are not recommended for use. The documentation submitted for review does not show that the injured

worker had tried and failed recommend oral medications to support the request for a topical analgesic. Also, the quantity of the medication was not stated within the request. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

MPC1 compound cream: 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): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical gabapentin and cyclobenzaprine are not recommended for use. The documentation submitted for review does not show that the injured worker had tried and failed recommend oral medications to support the request for a topical analgesic. Also, the quantity of the medication was not stated within the request. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Genicin 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine (and Chondroitin sulfate).

Decision rationale: According to the Official Disability Guidelines, glucosamine is recommended as an option for those with moderate arthritis pain, especially for knee arthritis. The documentation provided does not indicate that the injured worker has pain due to arthritis to support the request for this medication. Also, a clear rationale was not provided for the medical necessity of this medication and it was not shown that the injured worker has had a quantitative decrease in pain or an objective improvement in function with its use. Furthermore, the frequency and quantity of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Somnicin 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (Chronic), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Somnicin.

Decision rationale: The Official Disability Guidelines state that Somnicin is not recommended for use. The documentation provided indicated that the injured worker stated that her medications were helping her sleep better. However, the guidelines do not recommend the use of this medication, and therefore, it would not be supported. Also, the frequency and quantity of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Retrospective request for urine drug screen (UDS) DOS: 1/14/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, urine drug screens are recommended for those who are at high risk for addiction or abuse of their medications, and are indicated for those who are showing signs of aberrant drug taking behaviors. The documentation submitted for review does not indicate that the injured worker was at high risk for medication misuse or that she displayed any aberrant drug taking behaviors to support the urine drug screen that was performed on 11/14/2014. Also, it was unclear when the injured worker's last urine drug screen was performed. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.