MAXIMUS Federal Services

Case Number:	CM13-0033489		
Date Assigned:	12/06/2013	Date of Injury:	01/05/2010
Decision Date:	01/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 43 year old female with date of injury 01/05/2010. She has left upper extremity pain at the medial epicondyle, and was unsatisfied with a cortisone injection. She is interested in exhausting conservative treatment before considering surgery because she had surgery on her left elbow in October 2011 that was not successful. She had been taking Hydrocodone/APAP 10/300 mg three times daily with relief since approximately February 2013, and is now prescribed twice daily. Her treatments have also included NSAIDs and Medrox Cream. Her diagnoses include cubital tunnel syndrome, epicondylitis and hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APA 10/300 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The claimant has an injury resulting in chronic pain that has been treated and managed utilizing multiple methods and medications. Opioid therapy has been initiated recently, in February 2013, and her dose has been reduced from three tablets per day to two

tablets per day. The opioids have assisted in relieving pain, however she has not been able to return to work successfully. Per MTUS guidelines, opioids may be appropriate for pain management with caution for abuse potential. The claimant is experiencing relieved pain, which supports the continued use of opioid treatment. Other treatments have been utilized without solely relying on opioid therapy, and her dosing has been reduced from three times daily to twice daily. The request for Hydrocodone/APA 10/300 mg #60 is therefore determined to be medically necessary.

Prilosec 20 mg #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): 68-69.

Decision rationale: Prilosec is a proton pump inhibitor (PPI) that is often used in conjunction with the use of nonsteroidal anti-inflammatory drugs (NSAIDs) to provide gastrointestinal protection. Per Chronic Pain Medical Treatment Guidelines, the use of NSAIDs is recommended with precautions. Clinicians should weight the indications for NSAIDs against both gastrointestinal (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). Recent studies tend to show that Helicobacter pylori (H. Pylori) does not act synergistically with NSAIDS to develop gastroduodenal lesions. Furthermore, the guidelines recommendations for patients with no risk factor and no cardiovascular disease are: Non-selective NSAIDs. For patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. For patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk, the suggestion is naproxyn plus low-dose aspirin plus a PPI. In this case, the claimant has been using NSAIDs, most recently using Dendracin Neruodendraxcin lotion four times daily. The request for Prilosec is therefore determined to be medically necessary.

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 Capsaicin and Topical Analgesics Page(s): 28 and 11.

Decision rationale: The compound cream that was denied by utilization review (UR) decision was one that consisted of Methyl Salicylate 30%, Benzocaine 5%, Menthol 10%, and Capsaicin 0.0375%. Per MTUS "there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Per the MTUS guidelines, salicylate topicals are recommended. "Topical salicylate is significantly better than placebo in chronic pain." The MTUS Guidelines indicate that topical capsaicin is "recommended only as an option in patients who have not responded or are intolerant to other treatment. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." The MTUS Guidelines indicate that topical analgesics are "recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The clinical notes provided for review do not provide any information in regards to support the use of this compounded cream for this claimant. The use of a combination medication would require justification of the use of each agent, and capsaicin concentration of 0.0375% is not supported by these guidelines.