

<b>Case Number:</b>	CM14-0128038		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/09/2001
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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:

The injured worker is a 65-year-old female who reported an injury on 03/09/2001. The mechanism of injury was not provided for clinical review. The diagnoses include: coccyx pain, cervical spine musculoligamentous sprain, bicep tendinitis of the shoulders, bilateral carpal tunnel syndrome. Previous treatments include: home exercise program, walking and medication. Within the clinical note dated 06/23/2014 it was reported the injured worker complained of continued pain of the cervical spine, both shoulders and both wrists. The injured worker complained of increased pain with movement of the head and neck in prolonged position. She complained of numbness and tingling of both hands with radiating pain extending down both hands. Upon the physical examination of the cervical spine the provider noted the range of motion was flexion and extension at 30 degrees. The injured worker had tenderness to palpation over the paravertebral and trapezial musculature. The provider noted the injured worker had spasms of the cervical spine. The provider noted the bilateral shoulders range of motion flexion and adduction at 160 degrees. The injured worker had tenderness over the biceps region with spasms present. The injured worker had tenderness to palpation of the bilateral wrists with flexion and extension at 60 degrees. The injured worker had a positive Finkelstein test. The provider noted the injured worker produced pain with the straight leg test. The provider requested the injured worker continue her medications. The request submitted is for Hydrocodone/APAP, Docusate Sodium, Omeprazole, and Flurb/Menth/Camph/Cap. However, the rationale is not provided for clinical review. The request for authorization was submitted; however, was not dated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7.5/325mg #60 with 12 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, and poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

**Docusate Sodium 100mg #60 with 12 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The California MTUS Guidelines recommend prophylactic therapy for constipation while in the therapeutic phase of opioid therapy. The injured worker's injury was reported in 2000, as such the injured worker is no longer in the therapeutic phase of opioid therapy. Additionally, the request submitted failed to provide the frequency of the medication. The clinical documentation submitted did not indicate the injured worker was treated for constipation due to opioid therapy. Therefore, the request is not medically necessary.

**Omeprazole 20mg #60 with 12 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines note proton pump inhibitors such as Omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal event include over the age of 65, history of peptic ulcer, history of gastrointestinal bleeding or perforation, use of corticosteroids

and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taken NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication is evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

**30gm Flurb/Menth/Camph/Cap with 12 refills:** 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 NSAIDs Page(s): 72, 111-112.

**Decision rationale:** The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines note Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. Capsaicin is only recommended as an option in patients who have not responded or who are intolerant to other treatments. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of documentation indicating the injured worker was not responding to or intolerant to other treatments. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.