

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0139212 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 10/04/2010 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 41 year old male who was injured on 10/4/2010. He was diagnosed with cervical sprain, lateral epicondylitis, dislocation of shoulder, carpal tunnel syndrome, hypertension, and anxiety. He was treated with NSAIDs, muscle relaxants, capsaicin, opioids, and acupuncture, according to the notes provided for review. He also was treated with a proton pump inhibitor. The worker was seen by his primary treating physician for refills on his medications reporting continual lower back pain, bilateral shoulder pain, and migraine headaches. He rated his pain at a 7/10 on the pain scale. He also reported "gastric pain". Physical examination revealed positive impingement sign and tenderness of the right shoulder, tenderness of the left shoulder, bilateral elbow tenderness, and lumbar paraspinal muscle tenderness. He was then recommended to continue his then current medications which included Norco, omeprazole, orphenadrine, oral ketoprofen, and topical capsaicin. He was also referred to internist for evaluation of his "gastric symptoms". He was also recommended a TENS unit, which had previously been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 MG, Take 1 Daily #30 with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (.)

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there is no evidence that the worker has a high risk of gastrointestinal events to warrant taking a proton pump inhibitor chronically as he had been doing up to this request. However, it was reported that the worker had "gastric" complaints not yet worked up, even while taking omeprazole. The appropriate course to follow is to refer the worker to an internist and discontinue omeprazole, which isn't medically necessary.

Orphenadrine ER 100 MG, Take 1 Twice Daily #60 with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic pain, Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he had been using orphenadrine chronically leading up to this request, which is not appropriate use of this type of medication. A request for 5 more months of daily use of this medication is also not appropriate, nor is it medically necessary.

Hydrocodone (Norco) 10/325 MG, #120 with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid

use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not sufficient evidence of a thorough review having been completed on 7/29/14 in order to justify continuation of the Norco. There was no documentation of how much Norco reduced his pain or increased his function and there was no inquiry of any side effects from the medication, which needs to be done on a regular basis. Without this documentation showing appropriateness and effectiveness of Norco in this worker, it is not medically necessary.

Ketoprofen 75 MG, #30 with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, ketoprofen had been used chronically leading up to this request for continuation, which is not appropriate use in this individual considering the medications risks. This worker has a history of hypertension. Also, there was no evidence in the notes provided for review that the worker was experiencing an acute exacerbation of pain, which might have justified a few weeks of use of an NSAID. Therefore, the ketoprofen is not medically necessary.

Capsaicin 0.025% Hot Patch with 4 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-29.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, there is not enough evidence that the worker has exhausted other therapies before considering this medication as an add-on. Also,

there is no documented evidence found in the notes showing functional or pain-reducing benefit directly from the capsaicin use. Therefore, the capsaicin is not medically necessary.