

Case Number:	CM14-0180480		
Date Assigned:	11/05/2014	Date of Injury:	02/02/2013
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 50 year old with an injury date on 2/2/13. Patient complains of right shoulder pain rated 4/10 per 8/18/14 report. 4 reports from 5/22/14 to 8/28/14 state that right shoulder pain has "not improved from previous exam" and the 2/13/14 report states patient has failed conservative care with minimal improvement from two injections and therapy. Based on the 8/28/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical sprain 2. shoulder impingement 3. lumbar s/s 4. internal derangement of knee not otherwise specified Exam on 8/28/14 showed "right shoulder range of motion decreased on flexion/abduction." Patient's treatment history includes two injections, physical therapy, and medication (currently requesting Medrox, Prilosec, Orphenadrine, Hydrocodone, Naproxen). [REDACTED] is requesting medrox pain relief ointment, omeprazole OR 20mg #30, orphenadrine ER 1000mg #60, and hydrocodone (Norco) APAP 10/325mg #60. The utilization review determination being challenged is dated 10/2/14 and denies orphenadrine as muscle relaxants are only to be used for short-term. [REDACTED] is the requesting provider, and he provided treatment reports from 2/13/14 to 8/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific.

Decision rationale: This patient presents with right shoulder pain. The treating physician has asked for MEDROX pain relief ointment on 8/28/14. Review of the reports do not show any evidence of Medrox being taken in the past, but treating physician has requested Medrox in 8 progress reports from 1/9/14 to 8/28/14. MTUS states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox ointment contains capsaicin 0.0375%, menthol 5%, methyl salicylate 20%. MTUS recommends capsaicin only as an option "in patients who have not responded or are intolerant to other treatments." Furthermore, MTUS indicates capsaicin efficacy for peripheral neuropathies at a 0.025% formulation, with no studies of the efficacy of a 0.0375% formulation. In this case, there is no discussion about the patient's intolerance or failure to respond to other therapies and the guidelines do not support a 0.375% capsaicin formulation, thus the entire compounded product is not recommended. Furthermore, salicylate, a topical NSAID, is recommended for peripheral joint arthritis/tendinitis condition which this patient does not present with. The request is not medically necessary and appropriate.

Omeprazole DR 20 mg # 30: Upheld

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): 69.

Decision rationale: This patient presents with right shoulder pain. The treating physician has asked for Omeprazole DR 20 mg # 30 on 8/28/14. Review of the reports do not show any evidence of Prilosec being taken in the past, but treating physician has requested Prilosec in 8 progress reports from 1/9/14 to 8/28/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with Non-Steroidal Anti-Inflammatory Drugs (NSAID) unless Gastrointestinal (GI) risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, current list of medications is not included. There are no documentation of any Gastrointestinal (GI) issues such as Gastroesophageal Reflux Disease (GERD), gastritis or PUD for which a PPI may be indicated. The treating physician does not explain why this medication is being prescribed. The request is not medically necessary and appropriate.

Orphenadrine ER 100 mg # 60: Upheld

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

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

Decision rationale: This patient presents with right shoulder pain. The treating physician has asked for Orphenadrine ER 100 mg # 60 on 8/28/14. Review of the reports do not show any evidence of Prilosec being taken in the past, but treating physician has requested Prilosec in 8 progress reports from 1/9/14 to 8/28/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with Non-Steroidal Anti-Inflammatory Drugs (NSAID) unless Gastrointestinal (GI) risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, current list of medications is not included. There are no documentation of any GI issues such as Gastroesophageal Reflux Disease (GERD), gastritis or PUD for which a Proton Pump Inhibitors (PPI's) may be indicated. The treating physician does not explain why this medication is being prescribed. The request is not medically necessary and appropriate.

Hydrocodone (Norco) APAP 10/325 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with right shoulder pain. The treating physician has asked for Hydrocodone (Norco) APAP 10/325mg #60 on 8/28/14. It is not known how long patient has been taking Hydrocodone but utilization review letter dated 10/2/14 states patient had a prior certification for 1 month supply. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician does not include documentation regarding a decrease in pain with current medications. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary and appropriate.