MAXIMUS Federal Services

Case Number:	CM14-0186703		
Date Assigned:	11/13/2014	Date of Injury:	04/03/2007
Decision Date:	12/19/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/04/2014

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 Rehabilitation & 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 female of unknown age with an injury date of 04/03/07. The 08/15/14 progress report states that the patient presents with pain in the right upper extremity and right wrist along with pain in the lumbar spine, both hips and both knees rated 6/10. Pain radiates into both upper extremities. The patient is not working. Lumbosacral spine examination reveals tenderness on palpation with spasm over the paravertebral musculature with positive straight leg raise bilaterally. The patient's diagnoses include:1. Status post bilateral hip arthroplasty2. Osteoarthritis, bilateral knees3. Lumbar spine spondylosis4. Bilateral carpal tunnel syndromeContinuing medications are listed as: Cyclobenzaprine, Hydrocodone, Docusate Sodium , Omeprazole, and compound topical medications including Flurbiprofen and Cyclobenzaprine. The utilization review being challenged is dated 10/03/14. Reports were provided from 11/04/13 to 08/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines discusses Prophylactic Page(s): 76-78. Decision based on Non-MTUS Citation The National Institute of Health, National Library of Medicine dailymed.nlm.nih.gov.

Decision rationale: The patient presents with pain of the right upper extremity, right wrist, lumbar spine, bilateral hips and bilateral knees rated 6/10. Pain radiates into both upper extremities. The treating physician requests for Docusate Sodium 100 mg #60. The reports show the patient has used this medication since at least 11/04/13.MTUS guidelines pg. 76-78 discusses prophylactic medication for constipation when opiates are used. MTUS and ODG do not discuss this medication. The National Institute of Health, National Library of Medicine dailymed.nlm.nih.gov states the following about this medication, "relieves occasional constipation (irregularity)." The reports show use of the medication is for the prophylactic treatment of constipation due to opioid use. The patient is documented to be an opioid user (Hydrocodone) since at least 11/04/13. On 05/12/14 the treating physician states the medication helps relieve the patient's symptoms. In this case, prophylactic medication for the relief of constipation for opiate use is recommended by MTUS. The request is medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 69.

Decision rationale: The patient presents with pain of the right upper extremity, right wrist, lumbar spine, bilateral hips and bilateral knees rated 6/10. Pain radiates into both upper extremities. The treating physician requests for Omeprazole 20 mg #60. The reports show the patient has been using this medications since at least 11/04/13.MTUS Guidelines NSAIDs, GI symptoms and Cardiovascular Risk, page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, no GI issues are documented for this patient, and the reports do not show the use of oral NSAIDs or ASA. Furthermore, there is no GI assessment as required by MTUS. Therefore, the request is not medically necessary.

Flurbiprofen 30gm, 3 day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Nonsteroidal Anti-Inflammatory Medications Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams,Topical Analgesics Page(s): 111,113.

Decision rationale: The patient presents with pain of the right upper extremity, right wrist, lumbar spine, bilateral hips and bilateral knees rated 6/10. Pain radiates into both upper extremities. The treating physician requests for Flurbiprofen 30 gm, 3 DAY (an NSAID). Reports show the patient has been using this medication since 11/14/13. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: 'Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. On 05/12/14 the treating physician makes the general statement that medications relieve the patient's symptoms. This NSAID topical cream is indicated for peripheral joint arthritis and the patient has a diagnosis of osteoarthritis in the bilateral knees. However, the patient presents with pain in multiple areas, and the treating physician does not state that this medication is for use on the knees or how this specific medication helps the patient. MTUS page 60 requires a record of pain and function when medications are used for chronic pain. In this case, the request is not medically necessary.

Flurbiprofen 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Nonsteroidal Antiinflammatory Medication Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams,Topical Analgesics Page(s): 111,113.

Decision rationale: The patient presents with pain of the right upper extremity, right wrist, lumbar spine, bilateral hips and bilateral knees rated 6/10. Pain radiates into both upper extremities. The treating physician requests for : Flurbiprofen 120 gm (an NSAID). Reports show the patient has been using this medication since 11/14/13. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: 'Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. On 05/12/14 the treating physician makes the general statement that medications relieve the patient's symptoms. This NSAID topical cream is indicated for peripheral joint arthritis and the patient has a diagnosis of osteoarthritis in the bilateral knees. However, the patient presents with pain in multiple areas, and the treating physician does not state that this medication is for use on the knees or how this specific medication helps the patient. MTUS page 60 requires a record of pain and function when medications are used for chronic pain. In this case, the request is not medically necessary.

Cyclobenzaprine/Tramadol 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113.

Decision rationale: The patient presents with pain of the right upper extremity, right wrist, lumbar spine, bilateral hips and bilateral knees rated 6/10. Pain radiates into both upper extremities. The treating physician requests for Cyclobenzaprine/Tramadol 30 gm. The reports show the patient has been using this medication since at least 11/04/13. MTUS has the following regarding topical creams (p111, chronic pain section): "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." In the case of this topical compounded cream, neither Cyclobenzaprine nor Tramadol are supported for topical formulation. Therefore, the request is not medically necessary.

Cyclobenzaprine/Tramadol 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113.

Decision rationale: The patient presents with pain of the right upper extremity, right wrist, lumbar spine, bilateral hips and bilateral knees rated 6/10. Pain radiates into both upper extremities. The treating physician requests for Cyclobenzaprine/Tramadol 120 gm. The reports show the patient has been using this medication since at least 11/04/13. MTUS has the following regarding topical creams (p111, chronic pain section): "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." In the case of this topical compounded cream, neither Cyclobenzaprine nor Tramadol are supported for topical formulation. Therefore, the request is not medically necessary.