

Case Number:	CM14-0210168		
Date Assigned:	12/23/2014	Date of Injury:	10/27/2011
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 65-year-old female with a date of injury of 10/27/2011. According to progress report dated 11/11/2014, the patient presents with continued neck, left shoulder, low back pain. The patient is awaiting approval for left carpal tunnel release. The patient rates pain as 5/10 without medication and pain is improved by 50% when she takes medications. Examination of the lumbar spine revealed muscle spasms and painful limited range of motion. Positive Lasegue's is noted bilaterally. There is positive straight leg raise testing on the right at 60 degrees and on the left at 70 degrees. There is pain and tenderness to palpation over the lumbar paraspinal muscles. Examination of the cervical spine revealed muscle spasms and painful decreased range of motion. There is facet tenderness and tenderness to palpation over the cervical and trapezial bridge. There is left C5-C6 radiculopathy. Examination of the left shoulder revealed painful range of motion, forward flexion and abduction is to 120 degrees. There is tenderness to palpation at the AC joint. Examination of the left wrist revealed positive Tinel's and Galen's sign. The listed diagnoses are: 1. Cervical radiculitis, left C6 distribution. 2. C5-C6 HNP. 3. Lumbar diskogenic disease. 4. Lumbar spine grade 1 spondylolisthesis. 5. Left lower extremity radiculopathy. 6. Left shoulder rotator cuff impingement/tear. 7. Status post open repair with residuals. 8. Symptoms of left carpal tunnel syndrome. The patient is currently permanent and stationary. Treatment plan is for the patient to continue with her medications including Ultracet, Motrin, and Prilosec. The patient was instructed to continue with a home exercise program and return to clinic in 2 to 3 months for followup. The utilization review denied the request on 12/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68-69.

Decision rationale: This patient presents with chronic low back and upper extremity complaints. The current request is for prospective usage of Prilosec 20 mg #60. The MTUS Guidelines page 68 to 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal (GI) events: Age is greater than 65; history of peptic ulcer disease and GI bleeding or perforation; concurrent use of ASA and/or anticoagulant; and high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). Review of the medical file indicates the patient has been utilizing Prilosec as early as 08/06/2014. In this case, the patient has been utilizing an NSAID on a long-term basis, but the treating physician has not documented dyspepsia or any GI issues. Routine prophylactic use of proton-pump inhibitor (PPI) without documentation of gastric issues is not supported by guidelines without GI-risk assessment. Therefore, this request is not medically necessary.

Prospective usage of Motrin 800mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories Page(s): 22.

Decision rationale: This patient presents with chronic low back pain and upper extremity complaints. The current request is for prospective usage of Motrin 800 mg #90. Regarding NSAIDs, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first-line of treatment to reduce pain, so activity and functional restoration can resume but long-term use may not be warranted." In this case, the patient has been utilizing Motrin as early as 08/06/2014. Review of progress reports indicates that the patient has a decrease in pain by average of 50% with improved function with current medications, which includes Motrin. Given the patient's chronic pain and documentation of this medication's efficacy, this request is medically necessary.

Prospective usage of Terocin lotion 180gm: 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 Lidocaine Page(s): 112.

Decision rationale: This patient presents with chronic low back and upper extremity complaints. The patient also complains of left wrist and is currently pending authorization for carpal tunnel release. The current request is for prospective usage of Terocin lotion 180 mg. Terocin contains methyl salicylate, capsaicin, lidocaine and menthol. The MTUS Guidelines on page 112 regarding topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not allow any other formulation of lidocaine other than in a patch form. Therefore, this request is not medically necessary.

Prospective usage of Ultracet 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain; Criteria for use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain and upper extremity complaints. This is a request for prospective usage of Ultracet 37.5/325 mg #90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been utilizing Ultracet as early as 08/16/2014. Progress reports continually note the patient has decrease in pain and increase in functional improvement by 50%. Before and after scale is provided to denote a decrease in pain with current medication regimen. In this case, recommendation for further use of Ultracet cannot be supported as the treating physician has not provided any discussion regarding specific functional improvement, changes in activities of daily living (ADL) or work status to show significant functional improvement. Furthermore, there is no discussion of adverse side effects and possible aberrant behaviors are not addressed. There is no CURES report or pain contract on file and urine drug screens are not provided to monitor for compliance. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. Therefore, this request is not medically necessary.