

Case Number:	CM14-0212984		
Date Assigned:	12/30/2014	Date of Injury:	05/23/1999
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/19/2014

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 members injures appear to be a combination of chronic events running from 1998. The nature of the specific precipitants is not provided. At the time of the review the member had attended the PTP office for medication refills. The complaints consisted of significant neck pain, unable to sleep due to the worsening neck pain. There was also reported right shoulder pain, as well as a return of headaches related to muscle spasms in the neck. She was reported to be continuing to use medications for pain in order to function. She had been authorized in October for a 6-session course of chiropractic. The physical exam suggested tenderness and spasm in the cervical paraspinal muscles. The shoulder examination was positive for signs of impingement. The lumbar spine revealed tenderness and spasm and a restricted ROM. Examination of the wrists was compatible with carpal tunnel bilaterally. Although the summary diagnosis was "recurrent dislocation of shoulder" the UR review reported the claimant was being treated for an exacerbation of myofascial pain involving the neck and bilateral shoulders and possible carpal tunnel. The member had been treated surgically previously for rotator cuff repair. The issues under dispute related to a request for chiropractic as well as medications to include Ketoprofen, Omeprazole, Carisoprodol and Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 12 for neck, shoulder, and back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Manual Therapy, Chiropractic, Treatment Efficacy Page(s): 13, 58, 59.

Decision rationale: This member was reportedly authorized 6 episodes of chiropractic care. This would be considered a request for an extension of care. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. While the member reported some lessening in pain there appeared to be no report that would suggest any improvements in functional outcome. Initial treatment frequency is recommended at 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Extended durations of care beyond what is considered maximum may be necessary in cases of exacerbation of symptoms. Treatment beyond 4-6 visits should be documented with objective improvement in function. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Therefore in the face of a failure to show objective improvement for a chronic problem with the presumption of a flare in symptoms the UR Non-Certification can be supported.

Ketoprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Chronic Pain Page(s): 11, 67-68.

Decision rationale: In patients with moderate to severe disease, initial treatment with an NSAID may be warranted. The most recent Cochrane review on this subject suggests that non-steroidal anti-inflammatory drugs (NSAIDs) are more efficacious for osteoarthritis than Acetaminophen in terms of pain reduction, global assessments and improvement of functional status. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as Acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and Acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. NSAIDs should be recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In the face of the use and continued authorization for opioid analgesics and with the lack of evidence for functional improvement with NSAIDs the UR Non-Certification can be supported.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation ACOEM Guidelines, NSAIDs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com, NSAID?s (including aspirin): Pathogenesis of gastroduodenal toxicity, Mark Feldman

Decision rationale: RISK OF GASTROINTESTINAL COMPLICATIONS. The risk for the development of significant nonsteroidal anti-inflammatory drug (NSAID)-induced gastrointestinal bleeding or perforation due to a peptic ulcer has been evaluated in multiple studies. An important determinant is the duration of therapy. Administration of NSAIDs for a short period of time (less than one week) in healthy people is unlikely to result in any clinically significant gastroduodenal toxicity. Longer duration of therapy is associated with an increased risk of developing complications. On the other hand, gastroduodenal complications are most common within the first three months after the initiation of therapy. Gastroduodenal toxicity may develop even in patients taking low doses of aspirin, which, despite the low dose, can be associated with a significant decrease in gastric mucosal prostaglandin concentrations. However the member does not have any reported GI symptoms. As such the absolute necessity for the use of a PPI could be contested. The addition of medications always increases the complexity of therapeutic interventions as well as the total cost. PPIs have been found to have potential toxicities of their own and cannot be considered benign interventions such as an increased risk for bone fractures and for contracting *C difficile*. The UR Non-Certification in this situation is supported.

Carisoprodol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Carisoprodol Page(s): 29.

Decision rationale: This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs such as in a combination with Hydrocodone for an effect that some abusers claim is similar to heroin. Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Carisoprodol's use as a maintenance medication cannot be supported and the UR Non-Certification is appropriate.

Medrox: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Topicals, Topical Salicylate, Capsaicin Page(s): 28, 29, 105, 111. Decision based on Non-MTUS Citation www.drugs.com/OTC Menthol

Decision rationale: Medrox is an OTC topical compound that contains Methyl Salicylate, Menthol and Capsaicin (0.0375%). Topical salicylates such as Methyl Salicylate have been found to be significantly better than placebo in chronic pain and can be recommended for use. Menthol, in this combination product, has not been formally studied and has not been provided with any specific recommendations but is seen commonly in many of the topical products promoted for pain relief (Salonpas). Capsaicin can be recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for Osteoarthritis). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There are positive randomized studies with Capsaicin Cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should still be considered experimental in very high doses. Topical Capsaicin may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The results from a RCT support the beneficial effects of 0.025% Capsaicin cream as a first-line therapy for OA pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of Capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds. Local adverse reactions were common (one out of three patients) but seldom serious (burning, stinging, erythema). Topical agents, for use in chronic pain should be considered experimental. There are few randomized controlled trials to determine efficacy or safety. They have been primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded in combination for pain control to include NSAIDS and Capsaicin. There is little to no research to support use of many of these agents such as Menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since the compounded product contains an agent that is not specifically recommended the compounded product cannot be recommended. The UR Non-Certification is supported.