MAXIMUS Federal Services

Case Number:	CM15-0070092		
Date Assigned:	04/20/2015	Date of Injury:	06/04/2012
Decision Date:	07/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 injured worker is a 47 year old male with an industrial injury dated 06/04/2012. His diagnoses included cervical sprain, shoulder impingement, carpal tunnel syndrome, lumbar sprain/strain and internal derangement of knee. Prior treatment included medications. He presented on 10/29/2014 with complaints of worsening bilateral knee pain and edema. He also complained of bilateral hand pain and cramps as well. Physical examination of the cervical spine revealed tenderness of paravertebral muscles with spasm present. Range of motion was restricted. Anterior shoulders were tender to palpation. Lumbar spine paravertebral muscles were tender with spasm noted. Range of motion was restricted. The treatment plan included refill of current medications, request for orthopedic surgeon evaluation and bilateral hand braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case there was no documentation of any improvement in pain or function. In fact, it is documented that pain is worsening. There is also an absence of documentation of the presence or absence of side effects or aberrant behavior in regards to opioid use which are necessary criteria for the continued prescription of opioids. Therefore, this request is not medically necessary.

Omeprazole DR 20mg refill x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors Page(s): 69-70.

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

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was at risk for gastrointestinal events. There was also no diagnsosis of another indication such as GERD for the use of a PPI. Therefore, omeprazole cannot be considered to be medically necessary.

Norflex 100mg refill x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 65-66.

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

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility.

However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Norflex are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not however muscle relaxants are not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The prescription for Norflex exceeds the maximum recommendation. It appears it is being used chronically rather than for an acute exacerbation of pain, which is not medically necessary or expected to be beneficial for chronic treatment of the conditions listed.

Capsaicin 0.025% cream refill x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Page(s): 29-30.

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

Decision rationale: Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. This worker has been using Capsaicin cream for at least several months with no reported benefit such as reduction in pain or improved function. Therefore, the continued use is not medically necessary or appropriate.

Naproxen sodium 550mg refill x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 68-69.

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

Decision rationale: Nonsteroidal anti-inflammatory drugs such as Naproxen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no benefit from the use of nonsteroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Although the short-term use of Naproxen for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time. Therefore, the request for Naproxen sodium 550mg refill x2 is not medically necessary.