

Case Number:	CM15-0098637		
Date Assigned:	06/01/2015	Date of Injury:	05/17/2006
Decision Date:	07/03/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/21/2015

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: New York

Certification(s)/Specialty: Emergency Medicine

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 54-year-old female, who sustained an industrial injury on 5/17/2006. The current diagnoses are cervical degenerative disc disease, status post cervical discectomy and fusion, chronic cervicgia, right shoulder impingement syndrome with rotator cuff tendinopathy, right lateral epicondylitis, right carpal tunnel syndrome, status post carpal tunnel release, residual flexor contractures, status post right third trigger finger release, and insomnia, depression, and anxiety secondary to pain. According to the progress report dated 3/4/2015, the injured worker complains of chronic pain in her neck, right shoulder, right wrist, and hand, with associated neuropathic pain throughout the right upper extremity. Additionally, she reports spasms in her right shoulder and neck and migraine headaches. The pain is rated 3/10 with medications and 6/10 without. The physical examination of the cervical spine reveals tenderness to palpation with spasm noted in the right lower paraspinal region. Range of motion is slightly-to-moderately reduced in all planes. The right shoulder reveals positive impingement sign, positive cross adduction and supraspinatus motor testing, and reduced range of motion. The right elbow is tender to palpation with a positive handshake test. The right wrist is tender over the radial aspect. She has a positive Tinel's, Phalen's, and Finkelstein's test. The right hand is tender over the thenar eminence. She has flexion contractures at the proximal interphalangeal joints of the right fourth and fifth digits and a slight flexion contracture at the right third metacarpophalangeal joint. There is some triggering in the right index finger. The current medications are Norco, Prilosec, Dulcolax, Colace, Soma, Klonopin, Lidocaine ointment, and Imitrex. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, epidural steroid injections, and surgical intervention. The plan of care includes prescription refills for Norco, Dulcolax, Soma, Klonopin, Lidocaine ointment, Prilosec, and Saliva screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking opiate medications for several years with documentation of improvement in functional status while using these medications. The request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

Dulcolax 5 mg #60 with 3 refills: 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 initiating therapy with opioids Page(s): 77-78.

Decision rationale: CAMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The IW has been on opiate medications for a minimum of 12 months. It is unclear how much the IW has been taking stool softeners during this time. There is no documentation in the record relating the IW bowel habits. Ongoing prescribing of Colace in the setting of narcotics is appropriate. However, opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. As such, the ongoing use of a Colace is dependent upon the ongoing use of opiates. The request for ongoing narcotic prescription has been determined not medically necessary. Additionally, the request for dulcolax does not include dosing frequency or duration. Without this documentation, the request for dulcolax with refills is not medically necessary.

Soma 350 mg #120 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines soma (carisoprodol) Page(s): 29.

Decision rationale: According to CAMTUS, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. Per Ca MTUS, it is not recommended. Additionally, it is not recommended for long-term use. Medical records support the IW has been taking this medication for a minimum of 6 months. As this medication is not supported by guidelines, the request for Soma is determined not medically necessary.

Klonopin 1 mg #45 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: Ca MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking clonazepam for a minimum of 6 months. This clearly exceeds the recommended term of use and is not within CA MTUS guideline. The request is not medically necessary.

Lidocaine 5% ointment 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 111-112.

Decision rationale: Ca MTUS guidelines cited above recommends topical lidocaine as a dermal patch for neuropathic pain that has failed first-line therapy. Per the guidelines, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." It is unclear from the request where the IW is instructed to apply the ointment or what diagnosis is being treated. In addition, the request does not include frequency or dosing. Without this information, the request for lidocaine ointment is not medically necessary.

Prilosec 20 mg #30 3 refills: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Prilosec is not medically necessary based on the MTUS.

Saliva screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 43, 77-78.

Decision rationale: The treating physician has prescribed a saliva screen. It is assumed this is for drug testing. There are very specific recommendations in the cited guidelines for collection, substances to be tested, and interpretation of results. It is unclear from the documentation why the provider requested a saliva screen and not the more common urine drug screen. An undefined saliva screen could refer to many kinds of testing, some of which may or may not be valid for this application. As it stands now, the request is non-specific, is not medically necessary and in need for a more complete definition.