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| Case Number: | CM14-0038066 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 08/01/2005 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 Occupational Medicine 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:

This is a 41-year-old female with a 8/1/05 date of injury. The mechanism of injury was not noted. According to a 2/11/14 progress note, the patient continued to have neck pain and bilateral hand pain and numbness and tingling. She also continued to have tension in her neck. She has been feeling sharp pain in her right wrist that radiates up. Objective impression: lumbar paravertebral muscles are tender, spasm is present, ROM is restricted, first carpal metacarpal joint is exquisitely tender to palpation, it appears to be dislocated, left hand is edematous, right lateral elbow is tender to palpation, right wrist joint line tender to palpation, crepitus was noted with movement about the wrist. Diagnostic impression: lumbar radiculopathy, chronic first metacarpophalangeal joint dislocation, right wrist internal derangement, right common extender tendon rupture. A UR decision dated 3/14/14 denied the requests for Omeprazole, Norco, Naproxen, and Medrox ointment. Regarding Omeprazole, there is no GI disease such as peptic ulceration, reflux disease, petico-esophagitis, gastritis, duodenitis, or upper GI secondary side effects to the oral medications, therefore non-certification. Carisoprodol was modified from a quantity of 60 tablets to 6 tablets for weaning purposes because it is not recommended for long-term use. Norco was denied because the patient is already on Tramadol, and guidelines do not support the use of two opioids short-acting analgesics simultaneously. Naproxen was denied because of the absence of acute pain, exacerbation of pain, or breakthrough pain. Guidelines do not support NSAIDs for chronic neuromusculoskeletal pain because of the propensity for upper GI and cardiovascular side effects. Medrox ointment was denied because topical analgesics have no evidence-based proven efficacy for the treatment of chronic painful conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD (Gastroesophageal reflux disease), erosive esophagitis, or patients utilizing chronic NSAID therapy. This patient has been on Naproxen, an NSAID. However, Naproxen is not certified, therefore, the use of Omeprazole is not indicated. In addition, there is no documentation in the reports reviewed that the patient is suffering from any gastrointestinal symptoms or disorders. Therefore, the request for Omeprazole DR 20 mg #30 was not medically necessary.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol).

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. According to the reports reviewed, the patient has been on Carisoprodol since at least 10/15/13, if not earlier. Guidelines do not support the long-term use of Carisoprodol. In addition, the patient is also on Norco and Tramadol, the combination with Carisoprodol increases the risk of side effects, such as sedation. A specific rationale identifying why Carisoprodol would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Carisoprodol 350 mg #60 was not medically necessary.

Hydrocodone (Norco) APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A previous UR decision dated 11/15/13 modified the request for Norco for the purpose of weaning. There is no documentation that the provider has addressed the recommendations for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, it is documented that the patient is also on Tramadol. Guidelines do not support the simultaneous use of two short-acting opioid analgesic medications. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURE (Controlled Substance Utilization Review and Evaluation System) monitoring. Therefore, the request for Hydrocodone (Norco) APAP 10/325mg #60 was not medically necessary.

Naproxen Sodium 550mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It is documented in an 11/6/13 and 12/4/13 progress note that the patient's medications were not helping in alleviating her pain. However in a 1/14/14 progress note, the patient stated that she continues to take medications for pain which is helping with her symptoms. It is unclear which pain medication the patient is referring to. There is no documentation of significant functional improvement from the patient taking Naproxen. Therefore, the request for Naproxen Sodium 550 mg #30 was not medically necessary.

Medrox Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: Regarding Medrox, a search of online resources identify Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. There is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request for Medrox ointment was not medically necessary.