

Case Number:	CM13-0004520		
Date Assigned:	03/03/2014	Date of Injury:	11/04/2011
Decision Date:	07/11/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/29/2013

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:

The patient is a 62-year-old female who has filed a claim for lumbar radiculopathy associated with an industrial injury date of November 4, 2011. Review of progress notes indicates worsening low back pain radiating to the bilateral lower extremities, with numbness and tingling. The patient reports feeling weak in both legs and falling a lot. The patient also complains of worsening left wrist pain radiating to the little finger, with numbness and tingling. Patient suffers from depression, anxiety, and sleeping difficulty. Findings include tenderness and spasms, decreased range of motion, positive straight leg raise test on the left, decreased motor strength of the left ankle dorsiflexors and EHL, hypoactive reflexes in the left ankle and knee, decreased sensation in the left L5 distribution, and difficulty performing heel and toe walking due to left leg weakness. The patient uses a cane to ambulate. The treatment to date has included NSAIDs, acupuncture, and lumbar epidural steroid injections. Utilization review from July 12, 2013 denied the requests for Medrox pain relief ointment, Docusate Sodium 100mg capsule #100, Hydrocodone (Vicodin) APAP 5-500 #60, Ketoprofen 75mg #60, Omeprazole DR 20mg #30, and Orphenadrine ER 100mg #60. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT APPLY TO AFFECTED AREA TWICE A DAY:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical; Salicylate Topicals; Topical Analgesics Page(s): 28, 105, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

Decision rationale: An online search indicates that Medrox contains menthol 5%, capsaicin 0.0375%, and methyl salicylate 20%. California MTUS chronic pain medical treatment guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, California MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. There is no guideline evidence showing greater efficacy of the 0.0375% preparation of capsaicin. It is unclear as to why a topical medication versus first-line oral pain medications is necessary in this patient. The requested quantity is not specified. Therefore, the request for Medrox pain relief ointment was not medically necessary.

DOSUSATE SODIUM 100MG CAPSULE , QTY 100 TAKE 1-3 TIMES A DAY AS NEEDED FOR CONSTIPATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation FDA (Docusate).

Decision rationale: According to page 77 of California MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and for prevention of dry, hard stools. The patient has been on this medication since at least June 2013. As the patient has been maintained on opioid therapy and has occasional complaints of constipation, continuation of prophylactic management for constipation is recommended. Therefore, the request for Docusate Sodium 100mg capsule #100 was medically necessary.

KETOPROFEN 75MG QTY 60, TAB ONE TAB TWICE DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least June 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Ketoprofen 75mg #60 was not medically necessary.

HYDROCODONE (VICODIN) APAP 5/500 QTY 60, TAKE ONE TWICE DAILY:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least June 2013. Progress note dated June 19, 2013 indicated that this medication was to be discontinued, and Norco was to be started. Also, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Hydrocodone (Vicodin) APAP 5/500 #60 was not medically necessary.

OMEPRAZOLE DR 20MG, QTY 30, TAKE ONE DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since at least June 2013. However, there is no documentation regarding any of the

above-mentioned risk factors in this patient. Therefore, the request for Omeprazole DR 20mg #30 was not medically necessary.

ORPHENADRINE ER 100MG QTY 60, TAKE ONE TWICE DAILY: Upheld

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

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

Decision rationale: As stated on California MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since at least June 2013. Although there are findings of lumbar spasms, the use of this medication has not afforded any significant benefit in this patient. Therefore, the request for Orphenadrine ER 100mg #60 was not medically necessary.