

<b>Case Number:</b>	CM13-0014945		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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 female patient with a date of injury of March 17, 2010. A utilization review determination dated August 14, 2013 recommends noncertification of Medrox, hydrocodone/acetaminophen, and omeprazole. A progress report dated October 10, 2013 identifies that the patient continues to have right knee pain which is increased due to weather changes. The patient presents for a refill of medications. Physical examination identifies joint line tenderness in the right knee as well as a Baker's cyst and MCL tenderness to palpation. The right foot physical examination identifies TSL tenderness to palpation as well as tenderness over the plantar aspect of the foot and metatarsal heads. Impression states, right ankle sprain, metatarsalgia on the right, and internal derangement of the right knee. Treatment plan recommends continuing medications. The requesting physician has included guidelines relevant to the medications prescribed. He has included guidelines relevant to ketoprofen 75 mg once a day. Additional treatment plans include a request for physical therapy authorization. A progress report dated September 5, 2013 identifies the patient having knee pain rated as 7/10. The note indicates that the patient takes medication for pain. Treatment plan recommends, "continue taking medications as before." A progress report dated August 8, 2013 indicates that the patient tries not to use her medication during the day as it makes her drowsy. A permanent and stationary report dated April 18, 2013 indicates that the patient has had a reaction to analgesic ointment in the past. Future medical treatment includes physical therapy, acupuncture, possible need for MR arthrogram, and possible need for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request For 1 Prescription For Medrox Pain Relief Ointment #240 Between 8/16/2012 And 9/27/2012: 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 Page(s): 111-113.

**Decision rationale:** Regarding request for Medrox, Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Medrox is not medically necessary.

**Retrospective Request For 1 Prescription For Hydrocodone/Apap 5-500mg, #120 Between 8/16/2012 And 9/27/2012: 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 Page(s): 76-79.

**Decision rationale:** Regarding the request for hydrocodone/acetaminophen, California Pain Medical Treatment Guidelines state that hydrocodone/acetaminophen is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the hydrocodone/acetaminophen is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested hydrocodone/acetaminophen is not medically necessary.

**Retrospective Request For 1 Prescription For Omeprazole Dr 20mg, #120 Between 8/16/2012 And 9/27/2012: 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 Page(s): 68-69.

**Decision rationale:** Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.