

Case Number:	CM13-0036503		
Date Assigned:	12/13/2013	Date of Injury:	02/11/2010
Decision Date:	02/10/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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:

The patient is a 65-year-old female who reported an injury on 02/11/2010. The patient is diagnosed with cervical radiculopathy, lumbar radiculopathy, status post laminectomy, left hip internal derangement, and urinary incontinence. The patient was seen by [REDACTED] on 12/03/2013. Physical examination revealed paravertebral tenderness, spasm, restricted range of motion of the cervical spine, decreased range of motion of the left hip with tenderness to palpation of the greater trochanter, and paravertebral muscle tenderness with spasm and decreased range of motion of the lumbar spine, as well as positive straight leg raising and intact sensation. Treatment recommendations included continuation of current medication and a sleep study.

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 bid to affected area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Topical analgesics

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medroxo ointment contains capsaicin, menthol, and methyl salicylate. California MTUS Guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the clinical notes submitted, there is no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not currently meet criteria for a topical analgesic. As such, the request is noncertified.

Ketoprofen 75mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. There is no evidence of a failure to respond to first-line treatment with acetaminophen as recommended by California MTUS Guidelines. Given the date of injury, ongoing chronic NSAID use would not be supported. As such, the request is noncertified.

Orphenadrine ER 100mg bid #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to demonstrate palpable muscle spasm in both the cervical and lumbar spine. Satisfactory response to treatment has not been indicated. Additionally, there is no evidence of a failure to respond to first-line treatment prior to initiation of a second-line muscle relaxant. As Guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. As such, the request is noncertified.

