

Case Number:	CM13-0043625		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2013
Decision Date:	02/26/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 68 year-old male Splicing Technician sustained an injury when he fell off a sliding ladder on 2/28/13 while employed by [REDACTED]. Requests under consideration include Orthopedic Bed Wedge, Medrox Pain Relief Cream, Omeprazole 20mg; #30, Orphenadrine 100mg; #60, Ketoprofen 75mg; #60, and Tramadol 50mg; #60. Diagnoses include cervical spine sprain, right elbow contusion, spinal stenosis, and lumbar radiculopathy. MRI on 5/9/13 noted acute/sub acute T12 and L1 compression fracture and multilevel degenerative disc disease. EMG/NCS dated 2/5/13 noted normal study with no lumbar radiculopathy or entrapment neuropathy. Report of 9/10/13 from [REDACTED] noted patient with continued low back pain 10/10. There is mild reduction in pain and stiffness with acupuncture. Exam noted cervical and lumbar paravertebral muscle tenderness and spasms, restricted range of motion; motor strength and sensation grossly intact. Above requests were non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Bed Wedge: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: From <http://www.aetna.com/cpb/medical> Clinical Policy Bulletin: Pillows and Cushions, Number: 0456 Policy.

Decision rationale: This 68 year-old male Splicing Technician sustained an injury when he fell off a sliding ladder on 2/28/13 while employed by [REDACTED]. Diagnoses include cervical spine sprain, right elbow contusion, spinal stenosis, lumbar radiculopathy. MRI on 5/9/13 noted acute/sub acute T12 and L1 compression fracture and multilevel degenerative disc disease. EMG/NCS dated 2/5/13 noted normal study with no lumbar radiculopathy or entrapment neuropathy. Report of 9/10/13 from [REDACTED] noted patient with continued low back pain 10/10. There is mild reduction in pain and stiffness with acupuncture. Exam noted cervical and lumbar paravertebral muscle tenderness and spasms, restricted range of motion; motor strength and sensation grossly intact. There are no neurological deficits on clinical exam or on diagnostics. [REDACTED] has not documented the medical necessity for the lumbar pillow. Although MTUS, ACOEM, ODG Guidelines do not specifically address or have recommendations for this DME, other guidelines such as Aetna's contractual definition of durable medical equipment (DME) in that they are not durable and because they are not primarily medical in nature and not mainly used in the treatment of disease or injury. It further states "Cushions may be covered if it is an integral part of, or a medically necessary accessory to, covered DME. For example, see CPB 271 - Wheelchairs and Power Operated Vehicles (Scooters) (wheelchair seat cushions are covered to prevent or treat severe burns or decubiti). Certain specialized support surfaces may be covered when medically necessary to prevent or treat decubitus ulcers. For medical necessity criteria for specialized cushions to prevent decubiti, see CPB 430 - Pressure Reducing Support Surfaces." These criteria are not met. The Orthopedic Bed Wedge is not medically necessary and appropriate.

Medrox Pain Relief Cream: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Medrox Patches contains [Capsaicin/Menthol/Methyl Salicylate]. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox Pain Relief Cream is not medically necessary and appropriate.

Omeprazole; 20mg #30: 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 and Cardiovascular risk Page(s): 68-69.

Decision rationale: This medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers, etc.. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole 20mg; #30 is not medically necessary and appropriate.

Orphenadrine; 100mg; #60: 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 muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of February 2013. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment nor is there any report of acute flare-up or new injuries. The Orphenadrine; 100mg; #60 is not medically necessary and appropriate.

Ketoprofen75mg; #60: 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 (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Ketoprofen (Orudis) is a non-steroidal anti-inflammatory drug. Guidelines states "when NSAIDs are used for more than a few weeks, they can retard muscle and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely." Submitted reports have not adequately demonstrated support for the ongoing treatment

with NSAID medication for this February 2013 injury without documented acute flare or new injury. The Ketoprofen 75mg; #60 is not medically necessary and appropriate.

Tramadol 50mg; #60: 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 Opiates Page(s): 79-80.

Decision rationale: Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines state, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain without neurological deficits. Tramadol 50mg; #60 is not medically necessary and appropriate.