

Case Number:	CM13-0044153		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2012
Decision Date:	07/17/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

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:

This is a 57 year-old male who has reported widespread pain throughout most of his body, and mental illness, with a listed date of injury on 02/02/12. His diagnoses include cervical and lumbar radiculopathy, web space contractures of hands, ulnar neuropathy, knee osteoarthroses, substance abuse, depression and anxiety. A QME on 11/27/12 noted the presence of alcohol abuse, and severe peripheral neuropathy due to alcohol abuse. A QME on 12/12/13 listed a vast array of orthopedic, internal medicine, and psychiatric conditions attributed to work. Included was a diagnosis of alcohol abuse. There was no discussion of the specific results of using the ongoing medications, and no specific direction for future medications. Reports during 2013 from the treating physicians show ongoing knee pain, recommendations for Synvisc knee injections, lumbar injections, knee surgery on 8/26/13, physical therapy, ongoing use of the the medications under review now, and acupuncture. None of the treating physician reports or medi-legal evaluations through December 2013 discusses the specific indications and results of use for any of the medications now under review. The treating physician report from 10/15/13 shows ongoing use of the medications under review now, with no discussion of the specific results of use or patient-specific reasons for prescribing the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 112.

Decision rationale: No reports from the treating physician address the medical necessity for Medrox or discuss the specific components and their respective indications for this patient. Medrox is Capsaicin/Menthol/Methyl Salicylate; this combination of medications is not recommended in the MTUS. The MTUS does not recommend 0.0375% capsaicin, as medical evidence is lacking. When indicated, capsaicin is for patients who have not responded to other treatments. Capsaicin was dispensed before the patient had failed adequate trials of other customary treatment. The MTUS does not recommend initiating multiple medications simultaneously, as this makes determination of benefit and side effects impossible. In this case, Medrox contains multiple medications (one of which is not recommended), and the MTUS does not support this kind of prescribing. Medrox is not medically necessary based on the MTUS.

Ketoprofen 75mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-72.

Decision rationale: Per the MTUS for chronic pain, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. None of the kinds of functional improvement discussed in the MTUS are evident. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS recommends using NSAIDs for the shortest time possible due to the risk of adverse effects. The treating physician has been prescribing NSAIDs chronically, with no specific benefit, which is counter to the recommendations of the MTUS for treatment of back and other pain. Ketoprofen is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Omeprazole DR 20mg #30: 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): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The MTUS, FDA and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Orphenadrine ER 100mg #60: 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): 63-65.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, orphenadrine is not indicated and is not medically necessary.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-94.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence that the treating physician has adequately considered the comorbidities, which are substantial and which would likely contraindicate the ongoing use of opioids. The injured worker is a severe alcoholic and has been diagnosed with various psychiatric conditions. The MTUS recommends against use of opioids with these conditions as a general rule, and particularly when there is no specific benefit. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain.

Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient has failed a trial of non-opioid analgesics. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain and co-existing substance abuse, yet there is no evidence of a urine drug screen program. Norco is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.