

Case Number:	CM13-0058799		
Date Assigned:	12/30/2013	Date of Injury:	09/23/2008
Decision Date:	08/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Family Medicine and is licensed to practice in Arizona. 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 47 year old male with a date of injury on 9/23/2008. Diagnoses include lumbar radiculitis, and anxiety reaction. Subjective complaints are of continued low back pain. Physical exam shows tenderness to palpation in the lumbar paraspinal muscles with spasm, and decreased range of motion. Medications include Medrox, Norco, Ketoprofen, omeprazole, Ambien, and orphenadrine. Prior treatment has also included a lumbar corset, and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose

NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is on chronic NSAID therapy, and is using omeprazole for GI prophylaxis. Therefore, the use of omeprazole is consistent with guideline recommendations and is medically necessary.

OPHENADRINE ER 100MG, BID #60: Upheld

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

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

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations for patients with chronic low back pain. For this patient, documentation indicates that the orphenadrine has been used chronically. There is no evidence that supports any recent acute exacerbation of the patient's chronic complaints. Therefore, the medical necessity for orphenadrine is not established.

ZOLPIDEM TARTARARE 10MG, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, INSOMNIA TREATMENT.

Decision rationale: ODG suggests that zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. Documentation indicates that the patient has been using this medication chronically. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.

HYDROCODONE(NORCO) APAP 10/325MG, BID #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): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily

living, adverse side effects, or aberrant drug taking behavior. Guidelines for chronic back pain indicate that while opioid therapy can be efficacious it is limited to short term pain relief and long term efficacy (>16 weeks) is unclear, and failure to respond to limited course of medication suggests reassessment and consideration for alternative therapy. For this patient, there is no demonstrated improvement in pain or function from long-term use. Furthermore, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For these reasons, the requested use of Norco is not consistent with guideline recommendations, and the medical necessity is not established.

KETOPROFEN 75MG, #30: Overturned

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): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the low back, which is helped by Ketoprofen on an as needed basis. Therefore, the requested Ketoprofen is medically necessary.

MEDROX PAIN RELIEF OINTMENT BID: Upheld

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

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

Decision rationale: Medrox patches are a compounded medication that includes methyl salicylate, menthol, and capsaicin. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Due to Medrox not being in compliance to current use guidelines and without clear documentation of clinical improvement the requested prescription is not medically necessary.