MAXIMUS Federal Services

Case Number:	CM14-0001504		
Date Assigned:	01/22/2014	Date of Injury:	10/03/2012
Decision Date:	08/01/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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 injured worker is a 50-year-old female who reported an injury on 10/03/2012. The mechanism of injury was not provided for clinical review. The diagnoses included multilevel disc herniation of cervical spine with mild stenosis, facet arthropathy of cervical spine, and cervical radiculopathy. Previous treatments included 8 sessions of acupuncture, 24 sessions of chiropractic, medication, epidural steroid injections, EMG/NCV. The clinical note dated 10/24/2013 reported the injured worker complained of neck pain. She rated her pain 7/10 in severity. The injured worker reported she had occasional radiation of pain and numbness down the right forearm and hand. On the physical examination, the provider noted the injured worker had tenderness to palpation in her lower cervical facet region bilaterally. The range of motion of the cervical spine was flexion at 30 degrees and extension at 30 degrees. The provider indicated the upper extremity sensation was intact. The provider requested Orphenadrine citrate, omeprazole, hydrocodone, CM4 caps, and additional acupuncture to decrease her pain and increase her activity level. The request for authorization was submitted dated 10/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE CITRATE 100 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: The request for Orphenadrine citrate 100 mg #60 is not medically necessary. The injured worker complained of neck pain. She rated her pain 7/10 in severity. The injured worker reported she had occasional radiation of pain and numbness down the right arm and hand. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. There is lack of significant objective findings indicating the injured worker had muscle spasms. The injured worker had been utilizing the medication for an extended period of time since at least 10/2013 which exceeds the guideline recommendations of 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for Orphenadrine citrate 100 mg #60 is not medically necessary.

OMEPRAZOLE 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI Symptoms,Cardiovascular Risk.

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

Decision rationale: The request for omeprazole 20 mg #60 is not medically necessary. The injured worker complained of neck pain. She rated her pain 7/10 in severity. The injured worker reported she had occasional radiation of pain and numbness down the right arm and hand. The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal and/or cardiovascular disease. Risk factors for gastrointestinal events include, over the age of 65, history of peptic ulcers, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAIDs, switching to a different NSAID or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of significant objective findings indicating the injured worker had a history of peptic ulcers, gastrointestinal bleed or perforation. It did not appear the injured worker is at risk for gastrointestinal events. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication since 10/2013. In addition, the request submitted does not specify the frequency of the medication. Therefore, the request for omeprazole 20 mg #60 is not medically necessary.

HYDROCODONE /APAP 5/325 MG #90: 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 Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for hydrocodone/APAP 5/325 mg #90 is not medically necessary. The injured worker complained of neck pain. She rated her pain 7/10 in severity. The injured worker reported she had occasional radiation of pain and numbness down the right arm and hand. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen for inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. The injured worker had been utilizing the medication since at least 10/2013. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request for hydrocodone/APAP 5/325 mg #90 is not medically necessary.

CM4 CAPS 0.05& AND CYCLO 4%: 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 NSAIDs Page(s): 63, 111-112.

Decision rationale: The request for CM4 caps 0.05 and cyclo 4% is not medically necessary. The injured worker complained of neck pain. She rated her pain 7/10 in severity. The injured worker reported she had occasional radiation of pain and numbness down the right arm and hand. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Capsaicin is recommended as an option for patients who have not responded or are intolerant to other medications. Capsaicin is generally available in a 0.025% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no sufficient indication that this increase over 0.025% formulation would provide any further efficacy. Cyclobenzaprine is recommended as an option using for short course of therapy. The guidelines note cyclobenzaprine is a non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. There is a lack of documentation indicating the injured worker has signs and symptoms or diagnosed with

osteoarthritis. There is a lack of significant objective findings indicating the injured worker has treated for muscle spasms. The clinical documentation submitted provides the efficacy of the medication as indicated by significant functional improvement. The injured worker had been utilizing the medication since at least 10/2013. It states the guideline recommendation for short-term use is for 4 to 12 weeks. The request submitted failed to provide the frequency and quantity of the medication. In addition, the request does not specify a treatment site. Therefore, the request for CM4 caps 0.05 and cyclo 4% is not medically necessary.

8 ADDITIONAL ACUPUNCTURE VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 additional acupuncture visits is not medically necessary. The injured worker complained of neck pain. She rated her pain 7/10 in severity. The injured worker reported she had occasional radiation of pain and numbness down the right arm and hand. The guidelines note acupuncture is used for an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, and decrease side effects of medication including nausea, promote relaxation in an anxious patient and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with the frequency of 1 to 3 times per week with an optimum duration to include 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The injured worker has been utilizing acupuncture treatments since at least 10/2013 which exceeds the optimum duration of 1 to 2 months. There is a lack of documentation indicating the efficacy as evidenced by significant functional improvement. The request submitted failed to provide the treatment site. Therefore, the request submitted is not medically necessary.