

Case Number:	CM14-0002144		
Date Assigned:	01/24/2014	Date of Injury:	12/20/2011
Decision Date:	07/10/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 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:

The patient is a 31-year-old male who has submitted a claim for lumbar sprain, lumbar radiculopathy, and multi-level degenerative disc disease of the lumbar spine associated with an industrial injury date of December 20, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of pain, spasm, and stiffness in the mid back and low back areas. Pain radiated to the right lower extremity. Physical examination revealed tenderness and muscle spasm of the paralumbar area. Range of motion was decreased and painful. Motor strength of the lumbar muscles was graded 4/5. The treatment to date has included laminectomy with neural decompression at L4 to L5 on the right, discectomy and neural decompression at L4 to L5 and L3 to L4 on the right last August 22, 2013, lumbar epidural steroid injection, physical therapy, and medications such as Norco, Docusate, Medrox, Ketoprofen, and Orphenadrine. Utilization review from December 26, 2013 denied the requests for Omeprazole 20 mg, #30 because there was no documented gastrointestinal symptoms; Orphenadrine 100 mg, #60 because it is only recommended for short-term treatment; Ketoprofen 75 mg, #30 because it is not recommended for long-term use; Norco 5/325 mg, #60 because there was no documented functional benefit; docusate sodium 100 mg, #90 because of non-certification of opioid and Medrox for the lumbar spine because topical drugs are not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20 MG, #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 9792.24.2 Page(s): 63.

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient is on both Ketoprofen and Norco. However, there was no subjective report that patient was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Omeprazole DR 20 MG, #30 is not medically necessary.

ORPHENADRINE ER 100 MG, #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 9792.24.2 Page(s): 68.

Decision rationale: According to page 63 of the California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, patient has been on Orphenadrine since June 2013. However, there was no evidence that it provided pain relief and functional gains. The patient continues to have spasms, however, long-term use of muscle relaxant is not recommended due to its diminishing efficacy over time. Therefore, the request for Orphenadrine ER 100 MG, #60 is not medically necessary.

KETOPROFEN 75 MG, #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 9792.24.2 Page(s): 46.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in

patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on ketoprofen since June 2013. However, there was no documentation regarding pain relief and functional benefits derived from its use. Furthermore, long-term use of NSAIDs is not recommended. Therefore, the request for Ketoprofen 75 MG, #30 is not medically necessary.

NORCO 5/325 MG, #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 9792.20 - 9792.26 Page(s): 78.

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since 2012. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. California MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5/325mg, #60 is not medically necessary.

DOCUSATE SODIUM 100 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 9792.20 - 9792.26 Page(s): 77.

Decision rationale: Page 77 of California MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, opioid treatment is not being certified due to lack of documentation on functional benefits. Thus, there is no compelling reason to provide prophylactic treatment for constipation. Therefore, the request for Docusate Sodium 100 MG, #90 is not medically necessary.

MEDROX FOR THE LUMBAR SPINE: 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 Page(s): 111-113.

Decision rationale: Medrox ointment is a compounded medication that includes 5% Methyl Salicylate, 20% Menthol, and 0.0375% Capsaicin. Pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that Capsaicin in a 0.0375% formulation is not recommended for topical applications. Moreover, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, patient complains of chronic back pain for which Medrox ointment was prescribed. However, this medication contains drug classes that are not recommended. The guidelines do not recommend the use of compounded topical products that contain at least one drug class that is not recommended. Therefore, the request for Medrox for the lumbar spine is not medically necessary.