

Case Number:	CM14-0005988		
Date Assigned:	03/03/2014	Date of Injury:	08/06/2012
Decision Date:	07/28/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/15/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 25-year-old female who reported an injury on 08/06/2012. The mechanism of injury was not provided in the documentation. Per the clinical note dated 01/09/2014, the injured worker reported worsening headaches with radiation to her hands. She had been referred to a neurologist and she was getting physical therapy. On physical exam of the cervical spine, paravertebral muscles was tender, spasm was present. Range of motion was restricted, deep tendon reflexes were normal and symmetrical, and sensation and motor strength were grossly intact. Regarding the lumbar spine, the paravertebral muscles were tender and spasm was present. Range of motion was restricted, sensation and motor strength were grossly intact. Per the electrodiagnostic study dated 02/06/2014, the electrodiagnostic study was normal. The diagnoses for the injured worker were reported to be myofascial cephalgia, cervical spine strain, and lumbar strain. The Request for Authorization for the orphenadrine ER, the omeprazole, the hydrocodone/APAP, and the capsaicin cream was not provided in the documentation. The provider's rationale for the request was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE ER 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Orphenadrine Page(s): 63-65.

Decision rationale: California MTUS Guidelines state that orphenadrine is a muscle relaxant similar to diphenhydramine but has greater anticholinergic effects. Mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. 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. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. There was a lack of documentation regarding the efficacy of the medication including objective clinical findings regarding a decrease in pain or an increase in functionality. In addition, this medication is a muscle relaxant, and per guidelines is not recommended for long term use. Also, the request as submitted failed to provide the frequency of the medication. Therefore, the request for Orphenadrine ER 100 mg #60 is not medically necessary.

OMEPRAZOLE DR 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, PPI's.

Decision rationale: The CA MTUS guidelines related to proton pump inhibitor use is stated under the NSAID's; however, the criteria used to determine if a patient is at risk for gastrointestinal events would still apply. One or more of the following criteria need to be met to include age greater than 65 years; a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Per Official Disability Guidelines, proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There is a lack of clinical findings to warrant the use of this medication. There was a lack of documentation regarding any GI issues reported by the injured worker. In addition, the guidelines recommend using the lowest dose possible. The request is for a prescription only dosage. The request does not include the frequency of the medication. Therefore, the request for the Omeprazole DR 20 mg #30 is not medically necessary.

HYDROCODONE/APAP 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74.

Decision rationale: Per California MTUS Guidelines, opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain; however, for continuous pain, extended release opioids are recommended. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behavior. 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. There is a lack of documentation regarding the efficacy of this medication including clinical findings regarding a decrease in pain or an increase in functionality. There was a lack of documentation regarding urine drug screens for possible aberrant behavior. In addition, the guidelines do not recommend short acting opiates for long term use. There is a lack of frequency of the medication in the request as submitted. Therefore, the request for hydrocodone/APAP 10/325 #60 is not medically necessary.

CAPSAICIN 0.1% CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical
analgesics, Capsaicin Page(s): 111-112.

Decision rationale: Per California MTUS Guidelines, capsaicin is recommended only as an option in patients who have not responded to or intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. There was a lack of documentation regarding the efficacy of this medication and any clinical findings to suggest a decrease in pain or an increase in function while utilizing this medication. In addition, capsaicin is recommended only when other options are unavailable. There was a lack of documentation regarding other treatments utilized and the outcomes of those treatments. Therefore, the request for capsaicin 0.1% cream is not medically necessary.