

Case Number:	CM14-0104055		
Date Assigned:	09/16/2014	Date of Injury:	10/09/1999
Decision Date:	11/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 61 year-old male with a date of injury of October 9, 1999. The patient's industrially related diagnoses include lumbar disc displacement without myelopathy, neck pain, lumbosacral spondylosis, and pain in the thoracic spine. The disputed issues are prescriptions for Capsaicin 0.075% cream #2, Orphenadrine-Norflex ER 100mg #90, Hydrocodone/APAP 10/325mg #90, and Opana ER 20mg #60. A peer review determination on 7/7/2014 had non-certified these requests. The stated rationale for the denial of Capsaicin was: "Documentation does not describe failed treatments of antidepressants and anti-epileptic drugs (AEDs). In addition, CA MTUS guidelines does not recommend greater than 0.025% dosage of Capsaicin." The stated rationale for the denial of Hydrocodone/APAP and Opana ER was: "Documentation does indicate the claimant has significant pain and function improvement due to medication, though there is insufficient evidence for compliance and screen for aberrant behavior, and no documentation of signed opiate agreement. It is for this reason that continued treatment is not supported." Lastly, the stated rationale for the denial of Orphenadrine-Norflex was: "Muscle relaxants are supported for only short-term treatment, and given date of injury, chronic use would not be supported by guidelines."

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-28, 112-113.

Decision rationale: In regard to the request for Capsaicin 0.075% cream, Chronic Pain Medical Treatment Guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to, other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Within the documentation available for review, there is no indication that the injured worker has been intolerant to or did not respond to other treatments prior to the initiation of Capsaicin therapy. Furthermore, the requested strength of 0.075% is not indicated for this injured worker's diagnoses and he does not have a diagnosis of post-herpetic neuralgia or diabetic neuropathy for which this strength was studied. Chronic Pain Medical Treatment Guidelines clearly state that there is no evidence to indicate that this increased dosage would provide any further efficacy. Based on the guidelines and the documentation, the request for Capsaicin 0.075% cream is not medically necessary.

Orphenadrine-norflex ER 100mg #90ms: 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): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that 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. Specifically regarding Orphenadrine, the guidelines state, "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In regard to Orphenadrine-Norflex ER 100mg, the documentation indicates long-term use as the injured worker has been taking this muscle relaxer since as far back as February of 2014. It does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Based on guidelines, the request of Orphenadrine ER 100mg #90 is not medically necessary.

Hydrocodone/Apap 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Hydrocodone/acetaminophen 10/325mg (Norco) is an opioid which was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Hydrocodone/APAP is recommended for moderate to severe pain. In regard to the use of Hydrocodone/APAP, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four 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 (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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". Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the progress reports available for review, there was adequate documentation addressing the four domains described in the guidelines. The treating physician documented that Hydrocodone/APAP provided pain relief in terms of percent pain reduction and reduction in numeric rating scale. Regarding objective functional improvement, the treating physician documented specific examples of functional improvement. He stated that the injured worker is able to sit, stand, and walk for longer periods without having severe pain, and is able to exercise and play with his grandson. The treating physician also documented no side effects on the medication. The peer review report stated that Hydrocodone/APAP was denied because there was insufficient evidence for compliance and screen for aberrant behavior, and no documentation of signed opiate agreement. However, aberrant drug-related behavior was addressed with a urine drug screen that was performed on 1/22/2014 with consistent results and a DEA cures report done on 2/18/2014 that confirmed the injured worker was only getting opioids from one practitioner. Within the documentation, there is no documentation of a signed opioid agreement. However, the guidelines state that a written consent or pain agreement for chronic use is not required but may make it easier for the physician to document patient education, the treatment plan, and the informed consent. Based on the guidelines, the request for Norco 10/325mg is medically necessary.

Opana ER 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Opana ER 20mg (oxymorphone extended release) is a long acting opioid that is recommended for moderate to severe pain. Due to high abuse potential, the California Pain Medical Treatment Guidelines recommend close follow-up with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the progress reports available for review, there was adequate documentation addressing the four domains described in the guidelines. The treating physician documented that Opana ER provided pain relief in terms of percent pain reduction and reduction in numeric rating scale. Regarding objective functional improvement, the treating physician documented specific examples of functional improvement. He stated that the injured worker is able to sit, stand, and walk for longer periods without having severe pain, and is able to exercise and play with his grandson. The treating physician also documented no side effects on the medication. The peer review report stated that Opana ER was denied because there was insufficient evidence for compliance and screen for aberrant behavior, and no documentation of signed opiate agreement. However, aberrant drug-related behavior was addressed with a urine drug screen that was performed on 1/22/2014 with consistent results and a DEA cures report done on 2/18/2014 that confirmed the injured worker was only getting opioids from one practitioner. Within the documentation, there is no documentation of a signed opioid agreement. However, the guidelines state that a written consent or pain agreement for chronic use is not required but may make it easier for the physician to document patient education, the treatment plan, and the informed consent. Based on the guidelines, the request for Opana ER 20mg #60 is medically necessary.