

Case Number:	CM14-0106192		
Date Assigned:	07/30/2014	Date of Injury:	05/20/2011
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/09/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year-old with a work injury dated 5/20/11. The diagnoses include cervicalgia with probable underlying cervical disc degeneration; internal derangement of the right shoulder; lumbalgia with probable underlying lumbar disc degeneration; internal derangement of right knee; lumbar radiculopathy, and anxiety disorder. Under consideration is a request for Physical Therapy #12; Orphenadrine ER; Medrox ointment; Naproxen; and an ergonomic chair. There is a primary treating physician report dated 2/5/14 where the patient complains of pain in the neck, low back, right knee, bilateral shoulders, bilateral hands and left ankle. All gaits are within normal limits, bilaterally. Cranial nerves are grossly normal. Testing of the cubital tunnel and Canal of Guyon on the right and left is normal. Testing of the carpal tunnel on the right and left is normal. Sensory examination on the right and left is within normal limits. Motor examination on the right reveals weakness of the shoulder motors, but on the left is within normal limits. Biceps, brachioradialis, triceps, pectoralis, and palmar deep tendon reflexes on the right and left are within normal limits. Hoffman sign is negative. There is 3+ spasm/guarding bilaterally in the lumbar spine. The lumbar range of motion is decreased. Knee reflexes are 2/4 bilaterally. Ankle deep tendon reflexes are 1 bilaterally. Right and left sitting straight leg raise (SLR) is within normal limits. Sensation, motor, and vascular exam of the lower extremities is normal. Right and left hip range of motion is within normal limits. There is tenderness around the right knee. The treatment plan states that the patient indicates that she last received acupuncture therapy about seven months ago. Since then, she has continued to receive physical therapy for the right knee and right shoulder. The request includes physical therapy for the cervical and lumbar spines, as well as the right shoulder. The medications listed for this date were for hypertension, Orphenadrine Citrate ER, Hydrocodone, and Naprosyn. Per documentation, the patient presented

on 5/15/14 with complaints of no significant improvement since the last exam, Medications include: Omeprazole DR, Orphenadrine ER, Medrox pain relief ointment, Zolpidem Tartrate, Hydrocodone (Norco), Tramadol Hcl, and Naproxen Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, the request exceeds the guideline recommendations of 10 physical therapy visits for this condition. Furthermore, the documentation indicates that the patient has had prior therapy. Without evidence of how many visits of prior therapy she has had and the efficacy of this therapy, additional therapy cannot be recommended. The request for 12 Physical Therapy Sessions is not medically necessary.

Orphenadrine ER 100mg #90, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants and Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

Decision rationale: Orphenadrine ER 100mg #90, 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, this medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not reveal an acute exacerbation but rather a chronic condition. The request for 2 refills of this medication is not appropriate as it is only indicated for short term treatment. The request for Orphenadrine ER 100mg #90, 2 refills is not medically necessary.

Medrox ointment, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Capsaicin Topical; Topical Analgesics Page(s): 105; 28; 111-113.

Decision rationale: Medrox Ointment, 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The ointment Medrox contains Methyl Salicylate 20.00%; Menthol 5%; and Capsaicin 0.0375%. Per MTUS guidelines there are no studies of a 0.0375% formulation of Capsaicin and this exceeds guideline recommendations, therefore the Medrox patch is not medically necessary. The MTUS states that there is little to no research to support the use of many of these topical agents. Furthermore, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The ingredient Capsaicin 0.0375% is not recommended by the MTUS and therefore the entire product Medrox Ointment, 2 refills is not medically necessary.

Naproxen Sodium 660mg #90, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Naproxen Sodium 660mg #90, 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Naproxen is an anti-inflammatory. Per guidelines, anti-inflammatories are recommended as an option for short-term symptomatic relief. It is unclear exactly how long patient has been on Naproxen. Documentation indicates that the patient has been on this medication for at least several months without significant functional improvement or significant decrease in pain. Therefore, Naproxen is not medically necessary.

Ergonomic Chair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Ergonomics Interventions.

Decision rationale: The ergonomic chair is not medically necessary per the ACOEM and the ODG guidelines. The ACOEM states that work activity modification is an important part of any treatment regimen. The ODG states that ergonomic interventions are recommended as an option as part of a return-to-work program for injured workers. The ODG states that there is conflicting evidence for prevention, so case by case recommendations are necessary. The documentation is not clear that the patient has had an ergonomic evaluation that would necessitate this chair. The request for the ergonomic chair is not medically necessary.

