

Case Number:	CM14-0016521		
Date Assigned:	04/11/2014	Date of Injury:	03/29/2011
Decision Date:	05/29/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 Interventional Spine 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:

This is a 66 year-old female who was injured on 3/29/11. She has been diagnosed with cervical strain; head contusion; bilateral shoulder impingement syndrome; lumbar sprain r/o radiculopathy; and gastropathy secondary to taking pain medications. According to the 1/13/14 psychiatry report, the patient presents with neck, back and bilateral shoulder pain. The physician recommended refills for Medrox ointment; Orphenadrine ER 100mg bid; Omeprazole; Norco 5/325mg bid. On 2/5/14, UR recommended against the medications and topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with neck, back and bilateral shoulder pain. I have been asked to review for Medrox ointment. Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Any compounded product

that contains at least one drug (or drug class) that is not recommended is not recommended." The compound contains Capsaicin 0.0375%, and MTUS for capsaicin states " 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. " MTUS does not appear to support the use of 0.0375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The request is not in accordance with MTUS guidelines.

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 Page(s): 63-66.

Decision rationale: The patient presents with neck, back and bilateral shoulder pain. I have been asked to review for Orphenadrine ER. MTUS for muscle relaxants states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". The 1/13/14 report does not report any acute exacerbation of lower back pain, and did not discuss efficacy of medications, and prior reports did not provide any details on medications. The request for Orphenadrine without documentation of prior use or efficacy, and without documentation of an acute exacerbation of chronic low back pain, is not in accordance with MTUS guidelines.

OMEPRAZOLE DR 20MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The patient is 66 years-old and presents with neck, back and bilateral shoulder pain. The reports note GI issues with taking pain medications. The patient meets the MTUS criteria for GI risk factors being over age 65, and has history of GI upset with medications. The request for omeprazole for use on a prophylactic basis is in accordance with MTUS guidelines.

HYDROCODONE 5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment Page(s): 88-89.

Decision rationale: The patient presents with neck, back and bilateral shoulder pain. I have been asked to review for hydrocodone 5/325mg. I have reviewed the medical reports from [REDACTED] [REDACTED] from 6/20/13 through 1/13/14. The medical reports do not provide a pain assessment or assessment of function with a numeric scale or validated instrument. There is no baseline pain rating, and no comparison of pain with use of Norco, to the baseline. MTUS criteria for long-term use of opioids requires the physicians "Document pain and functional improvement and compare to baseline" MTUS states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." And finally: "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response.