

Case Number:	CM14-0110011		
Date Assigned:	08/01/2014	Date of Injury:	09/12/2011
Decision Date:	10/14/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/14/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on September 12, 2011. The most recent progress note, dated June 3, 2014, indicated that the injured employee had a heart attack on May 10, 2014, which postponed her left hip surgery. Right elbow and left wrist surgery were also pending. The physical examination demonstrated tenderness over the cervical spine paravertebral muscles with spasms. There was tenderness at the lateral aspect of the right elbow and decreased elbow range of motion and extension. There was a positive Tinel's and Phalen's tests at the wrists bilaterally and decreased sensation in the bilateral median nerve distribution. Examination of the lumbar spine noted left-sided spasms and decreased motion. Examination of the knees noted a mild effusion and tenderness on the left and joint line tenderness and a positive McMurray's test on the right. There was tenderness at the greater trochanteric of both hips. Diagnostic imaging studies of the cervical spine revealed disc bulges at C5-C6 and C6-C7. A lumbar spine MRI revealed multilevel disc bulges. Nerve conduction studies revealed bilateral carpal tunnel syndrome and a left S1 radiculopathy. Previous treatment included a left knee arthroscopy, a partial meniscectomy as well as physical therapy, steroid injections, and oral pain medications. A request had been made for docusate sodium, Medrox, orphenadrine, and Norco and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Softgel Docusate Sodium 100mg: 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): 77.

Decision rationale: Docusate sodium is a stool softener, useful for the treatment of constipation. There is no clinical indication for this medication, for this claimant. There is documentation of narcotic usage; however, there is no documentation of constipational side effects. As such, this request for docusate sodium is not medically necessary.

1 tube of Medrox pain relief ointment: Upheld

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

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

Decision rationale: Medrox (dendracin) ointment is a topical analgesic ointment containing methyl salicylate 20.00%, menthol 5.00%, capsaicin 0.0375%. According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Medrox is not medically necessary.

Orphenadrine Extended-Release Tablets 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, orphenadrine is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to gabapentin for those who are intolerant of the gabapentin side effects. This medication has an abuse potential due to a reported euphoric and mood elevating effect and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as gabapentin. Given

the MTUS recommendations that this be utilized as a 2nd line agent, the request orphenadrine is not medically necessary.

Hydrocodone (Norco) 5/325mg Tablets #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Hydrocodone is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose and that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee had chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for hydrocodone is not considered medically necessary.