

Case Number:	CM14-0113128		
Date Assigned:	08/01/2014	Date of Injury:	11/17/2013
Decision Date:	10/06/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Practice and is licensed to practice in Ohio. 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 39-year-old female who developed back pain radiating down her left lower extremity on 11-7-2013 while lifting totes in a warehouse. She has had chiropractic care, acupuncture, trigger point injections, and pain medication. Her symptoms have not improved substantially. Her physical exam has revealed tenderness to palpation of the paraspinal musculature in the lumbar region, diminished range of motion of the lumbar region, positive straight leg raise testing bilaterally, and otherwise a normal neurologic exam. An MRI scan has revealed evidence of facet arthropathy at L5-S1 without foraminal stenosis. Electrodiagnostic studies have shown evidence of a chronic S1 neuropathy. Her diagnoses at this time include back pain and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Ointment with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications Section, Topical Analgesics

Decision rationale: Medrox is a compound containing methyl salicylate, menthol, and capsaicin. The Official Disability Guidelines state that topical anti-inflammatories are not recommended as there is no evidence to support use for osteoarthritis of the back. Additionally, topical anti-inflammatories are not recommended for neuropathic pain as there is no evidence to support their use. Therefore, Medrox Ointment with 2 refills are not medically necessary.

Omeprazole DR 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Proton Pump Inhibitors

Decision rationale: The Official Disability Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. In this instance, the injured worker has been utilizing muscle relaxants in one form or another continuously for at least the last six months. Therefore, Orphenadrine ER 100mg #60 with 2 refills are not medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants

Decision rationale: The Official Disability Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. In this instance, the injured worker has been utilizing muscle relaxants in one form or another continuously for at least the last six months. Therefore, Orphenadrine ER 100mg #60 with 2 refills are not medically necessary.

Tramadol Hcl 50mg #60 with 2 refills: 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 Opioids for Chronic Pain Page(s): 74-96.

Decision rationale: For chronic back pain, the above guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. The guidelines go on to say that for chronic opioid use there should be ongoing assessment of medication efficacy via visual analog scales (VAS), questions about duration of analgesia, questions about functionality, and urine drug screening to ensure there is no aberrant behavior. The records available for review lack that documentation. Therefore, Tramadol Hcl 50mg #60 with 2 refills are not medically necessary.