

Case Number:	CM14-0113464		
Date Assigned:	08/01/2014	Date of Injury:	06/12/2012
Decision Date:	10/22/2014	UR Denial Date:	07/07/2014
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 Pain Management, 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 39-year-old female who sustained work-related injuries on October 2, 2006 and August 24, 2012. On March 5, 2014, the injured worker reported that her bilateral forearm, wrist, and hand pain continued. The pain radiated to her first digits of the hands especially on the right side with numbness and tingling sensation. She has been taking over-the-counter Ibuprofen and has not undergone any type of therapy. She was not able to under physical therapy in November because the facility was too far from her home. Wrist examination noted Tinel's and Phalen's sign bilaterally. Sensation was reduced in the bilateral median nerve distribution. Grip strength was reduced. Lumbar spine examination noted paravertebral muscle tenderness. Spasm was noted. Range of motion was restricted. Positive bilateral straight leg raising test was noted. She returned to her provider on April 16, 2014 and reported continued pain in her bilateral forearm, wrist, and hand. She reported feeling pressure in her hands and has been dropping objects and felt weakness. Pain radiates to her bilateral thumbs mainly with numbness and tingling sensation. Physical examination findings were essentially unchanged from the previous visit. Most recent records dated June 18, 2014 documents that the injured worker remains symptomatic. She has had chronic pain in her bilateral elbows, forearms, wrists, and hands. She has weakness in her hands and has not been able to hold objects. She also noted numbness and tingling sensation in both elbows and hands. Physical examination remained the same findings as with previous visit. She is diagnosed with (a) carpal tunnel syndrome and (b) lumbar spine sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Omeprazole DR 20 Mg Capsule #30; Refills: 2: Upheld

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

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

Decision rationale: Based on the provided criteria to determine if a patient is at risk for gastrointestinal events, the injured worker does not meet any of the provided criteria. She is not above 65 years old, has no documented history of peptic ulcer, gastrointestinal bleeding, or perforation, does not concurrently use Acetylsalicylic Acid, Corticosteroids, and/or an Anti-Coagulant, or has high dose/multiple Non-Steroidal Anti-Inflammatory Drugs. Based on the failure to satisfy the aforementioned criteria, the medical necessity of the request is not established.

3 Orphenadrine ER 100 Mg Tablet #60; Refills: 2: Upheld

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

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

Decision rationale: Evidence-based guidelines indicate that Muscle Relaxants cannot be used in the chronic term. Moreover, Orphenadrine is noted to develop abuse due to its euphoric and mood elevating effects. The provided prescription is clearly intended to be used in the long-term, which is against the recommendations of evidence-based guidelines. In addition, there were no presented quantified pain scores that could be used to monitor the efficacy or response of the injured worker to the said medication. Based on this information, the medical necessity of the request is not established.

3 Medrox Pain Relief Ointment; Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112-113.

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

Decision rationale: Medrox Ointments main components are composed of Methyl Salicylate 20 grams in 100 grams, Menthol 5 grams in 100 grams, and Capsaicin 0.0375 grams in 100 grams. Based on this information, Medrox is a compounded Topical Analgesic, which is considered by evidence-based guidelines as experimental with few randomized controlled trials to determine its efficacy or safety. Moreover, evidence-based guidelines indicate that any compounded product

that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Methyl Salicylate and Capsaicin have been documented to have some therapeutic effect on pain however; with Menthol, there is no supporting evidence to date. Therefore, with lack of support from evidence-based guidelines or peer-to-peer evidence-based articles, the medical necessity of the request is not established.

3 Ketoprofen 75 mg Capsule #30; Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories; Ketoprofen Page(s): 22; 72.

Decision rationale: According to evidence-based guidelines, although Anti-Inflammatory Medications are considered as the first-line treatment for musculoskeletal conditions long-term usage is not recommended. More specifically, this medication and its dosage are specific for indications of osteoarthritis. However, due to lack of objective measurements that could help monitor the efficacy of the requested Ketoprofen 75 milligrams (e.g. pain scores) as well as lack of improvements with objective findings and the injured worker does not exhibit the indication for this medication and dosage, the medical necessity of the request is not established.