

Case Number:	CM14-0114683		
Date Assigned:	08/04/2014	Date of Injury:	10/17/2012
Decision Date:	11/05/2014	UR Denial Date:	07/01/2014
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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 58 year old female who sustained an industrial injury on 10/17/2012. The mechanism of injury was not provided for review. Her diagnoses include shoulder impingement, wrist sprain/strain, lumbar sprain/strain, internal derangement of the right knee and ankle sprains/strains. She complains of right knee pain and cannot go up and down stairs. She also continues to have low back pain. Physical exam reveals tenderness to pressure over the right biceps tendon. The shoulder range of motion is restricted in all planes on the right but is full on the left. Impingement sign is positive on the right. There is spasm in the lumbar spine with tenderness to palpation in the lumbar paraspinal muscles. Sensation is reduced in the L5 dermatomal distribution and range of motion is restricted in planes. Strength and reflexes are intact bilaterally. Treatment includes medical therapy with Medrox ointment, Naproxen, Omeprazole and Orphenadrine. The treating provider has requested Medrox patch, apply to affected area 2x day with 2 refills, Naproxen Sodium 550 1 daily # 30 x 2 refills, Omeprazole DR 20mg #30 x 2 refills, and Orphenadrine ER 100mg 1-2 day # 60 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch, apply to affected area 2 x day 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 Topical Analgesics Page(s): 111-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication, Medrox Patch. Per California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of failure to oral medication therapy. The requested treatment is not medically necessary.

Naproxen Sodium 550 mg 1 daily #30 with 2 Refills: Overturned

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): 67.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has significant musculoskeletal pain and the medication has proved beneficial for pain control. Medical necessity for the requested item has been established. The requested item is medically necessary per MTUS guidelines.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Orphenadrine ER 100 mg take 1-2 x day #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 Page(s): 41.

Decision rationale: Per the reviewed literature, muscle relaxants are not recommended for the long-term treatment of low back pain. The medication has its greatest effect in the first four days of treatment. The documentation did not demonstrate significant functional improvement from any previous use of this medication. The patient has been treated with multiple medical therapies. Per CA MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established. The requested item is not medically necessary.