MAXIMUS Federal Services

Case Number:	CM14-0125258		
Date Assigned:	09/24/2014	Date of Injury:	10/28/2011
Decision Date:	12/26/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 patient is a 48-year-old female with date of injury of 10/28/2011. The listed diagnoses per the treating physician from 06/03/2014 are:1. Contusion of the shoulder.2. Hypertrophy of fat pad of knee. According to this report, there has been no significant improvement since the patient's last exam. She has been having worsening pain in her right lower extremity. The pain radiates from her thigh down to her foot. The examination shows anterior shoulder is tender to palpation. Range of motion is decreased in flexion and abduction. Positive impingement sign on the right shoulder. Right wrist joint line is tender to palpation. Paravertebral muscles are tender to palpation in the lumbar spine. Spasm is present. Range of motion in the lumbar spine is restricted. Positive straight leg raise bilaterally. Right knee joint lines are tender to palpation. Knee effusion was noted. Positive McMurray sign on the right knee. The 04/22/2014 report shows that the patient continues to complain of low back and right foot pain. There is tenderness to palpation over the anterior right shoulder. Impingement sign is positive. Joint lines are tender to palpation in the right wrist. Lumbar paravertebral muscles are tender. Straight leg raise is positive. The documents include QME report from 05/20/2014, an AME report from 03/11/2014, an EMG/NCV report from 04/25/2014, range of motion report from 12/20/2014, and progress reports from 02/04/2014 through 06/30/2014. The utilization review denied the request on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants, pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with low back and right foot pain. The provider is requesting Orphenadrine ER. Orphenadrine (Norflex) is a similar drug to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. The MTUS Guidelines page 63 to 66 on muscle relaxants states that it recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The record show that the patient was prescribed Orphenadrine on 03/18/2014. Given that the MTUS Guidelines does not support the long-term use of muscle relaxants, recommendation is for denial.

Tramadol HCL 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids; On-Going Management Page(s): 88-89,78.

Decision rationale: The patient presents with low back and right foot pain. The provider is requesting Tramadol HCL. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for use of opioids states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also required documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, and time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 03/18/2014. The 04/22/2014 report shows that there has been no significant improvement since the last examination. The report from 06/03/2014 shows that the patient has been having worsening pain in her right lower extremity. The pain radiates from her thigh down to her foot. She needs the medications to "reduce the inflammation and help her function." The provider notes medication efficacy stating, "She needs the medications to reduce the inflammation and help her function." However, the provider does not provide pain scales, no specifics regarding ADLs, no significant improvement, no quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors such as urine drug screen or CURES report. Recommendation is for denial.

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 topical analgesics Page(s): 111-113.

Decision rationale: The patient presents with low back and right foot pain. The provider is requesting Medrox pain relief ointment. The MTUS guidelines, page 111, on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox patch is a compounded topical analgesic containing menthol 5%, capsaicin 0.0375% and methyl salicylate. MTUS states that for capsaicin, "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." Given that capsaicin is not recommended above the 0.025% concentration, recommendation is for denial.Given that capsaicin is not recommended above the 0.025% concentration, recommendation is for denial.

Naproxen Sodium 550mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication; medications for chronic pain Page(s): 22, 60, 61.

Decision rationale: The patient presents with low back and right foot pain. The provider is requesting Naproxen Sodium. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The record show that the patient was prescribed naproxen sodium 550 mg on 03/18/2014. The 06/03/2014 notes medication efficacy stating "She needs the medications to reduce the inflammation and help her function." In this case, MTUS supports the use of anti-inflammatory medication as a traditional first line treatment to reduce inflammation and pain. Recommendation is medically necessary.