

Case Number:	CM14-0130719		
Date Assigned:	09/22/2014	Date of Injury:	11/02/2013
Decision Date:	10/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/15/2014

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 Illinois. 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 35-year-old female who reported an injury of an unspecified mechanism on 11/02/2013. On 06/10/2014, her diagnoses included cervical sprain, enthesopathy of the hip and anxiety. Her complaints included neck and left leg pain. There was tenderness and spasms present in the cervical spine. Her left greater trochanter was also tender to palpation with decreased range of motion in flexion and abduction. The treatment plan included continuing her medication regimen. Her medications include Medrox pain relief ointment, naproxen 550 mg, Omeprazole DR 20 mg, and Orphenadrine ER 100 mg. There was no rationale included in the injured worker's chart. A Request for Authorization dated 06/10/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox (Methyl Salicylate 20%, Menthol 5%, Capsaicin 0.0375%) Pain Relief Ointment
Apply to affected area twice a day Refill x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113..

Decision rationale: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in injured workers who have not responded to or are intolerant to other treatments. Capsaicin is generally available in a 0.025% formulation. 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. Methyl salicylate has not been evaluated by the FDA for topical treatment in humans. The guidelines do not support the use of this compounded ointment. Additionally, the body part or parts to have been treated were not identified in this request. Therefore, this request for Medrox (methyl salicylate 20%, menthol, capsaicin) pain relief ointment, apply to affected area twice a day, refill x 2 is not medically necessary.

Omeprazole Dr 20mg 1 tab daily #30.00 Refill x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole DR 20 mg 1 tab daily #30 refill x 2 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Omeprazole, may be recommended but clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors. Those factors determining if an injured worker is at risk for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses, nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Therefore, this request for Omeprazole DR 20 mg 1 tab daily #30 refill x 2 is not medically necessary.

Orphenadrine ER 100Mg Tablet 1 tab BID #60 refill x2: Upheld

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

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

Decision rationale: The request for Orphenadrine ER 100 mg tablet 1 tab twice a day #60 refill x 2 is not medically necessary. The California MTUS Guidelines recommend that muscle

relaxants be used with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic pain. In most cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Orphenadrine is similar to Diphenhydramine but has greater anticholinergic effects. Those anticholinergic effects include drowsiness, urinary retention, and dry mouth. There was no evidence included in the documentation of significant functional benefit with the use of this medication. Decisions are based on evidence based criteria. Muscle relaxants are supported for short term use only. Chronic use would not be supported by the guidelines. The submitted evidence revealed that the injured worker has been taking this medication since 04/16/2014 which exceeds the recommendations in the guidelines. Therefore, this request for Orphenadrine ER 100 mg tablet 1 tab twice a day #60 refill x 2 is not medically necessary.