

Case Number:	CM14-0131907		
Date Assigned:	09/19/2014	Date of Injury:	09/14/2011
Decision Date:	12/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Medicine 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 58-year-old male who reported an injury on 09/14/2011. The mechanism of injury was not provided. His diagnoses were noted to include thoracic or lumbosacral neuritis or radiculitis and brachial neuritis or radiculitis. Past treatments were noted to include medications, epidural steroid injections, and surgery. On 06/23/2014, the injured worker noted to have lower back pain that radiated down to his right lower extremity. Upon physical examination, it was noted the injured worker had tenderness to palpation to his cervical spine, lumbar spine, and left hip. His relevant medications were noted to include Orphenadrine every night, Norco as needed, omeprazole every day, Ketoprofen every day, and tramadol. The treatment plan was noted to include continuation of medications, pain management consult, and epidural steroid injections. A request was received for Orphenadrine ER 100 mg tablet 12 times a day #60 with 2 refills, Ketoprofen 75 mg 1 daily #30 two refills, omeprazole DR 20 mg 1 daily #30 two refills, tramadol HCl 50 mg 13 times a day 3 refills, and Medrox pain relief ointment applied 2 times a day 2 refills without a rationale. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg tablet 12 x day #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The request for Orphenadrine ER 100mg tablet 12 X day #60 with 2 refills is not medically necessary. According to the California MTUS Guidelines, Orphenadrine is a muscle relaxant recommended for chronic lower back pain. The guidelines state that dosing should be 100 mg twice a day. The injured worker was noted to have radiating low back pain. The efficacy of use was not indicated in the clinical documentation regarding this medication. The request submitted exceeds the recommended frequency and therefore clarification is needed as the frequency for the request is 12 times per day. Additionally, the request does not specify duration for this medication. As such, the request is not medically necessary.

Ketoprofen 75mg 1 daily #30 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for Ketoprofen 75mg 1 daily #30 2 refills is not medically necessary. According to the California MTUS Guidelines, NSAIDs are recommended for chronic low back pain as a short term symptomatic relief. The injured worker was noted to have radiating low back pain. However, it was not indicated that he had failed acetaminophen use, as the guidelines recommend. It was also not indicated in the clinical documentation what the efficacy of having used Ketoprofen was nor was it documented of how long he had used this medication. In the absence of quantitative findings regarding pain relief provided by this medication, as well as the previous use of acetaminophen, the request is not supported by the evidence based guidelines. Additionally, the requested medication did not specify frequency or duration of use. As such, the request is not medically necessary.

Omeprazole DR 20mg 1 daily #30 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole DR 20mg 1 daily #30 2 refills is not medically necessary. According to the California MTUS Guidelines, omeprazole is a proton pump inhibitor to be used for those at risk for gastrointestinal events. The guidelines go on to state that those risks include the patient being more than 65-years-old, have a history of peptic ulcer or GI bleeding, the concurrent use of aspirin, corticosteroids, and/or anticoagulants, or a high dose of multiple NSAID use. The clinical documentation did not note that this injured worker suffered

from gastrointestinal events or a history of such. Furthermore, the clinical documentation did not note the efficacy of this medication. In the absence of documentation supporting that this injured worker is at risk for gastrointestinal events, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration of use. As such, the request for omeprazole DR 20mg 1 daily #30 2 refills is not medically necessary.

Tramadol HCL 50mg 13 x day 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for tramadol HCl 50mg 13 X day 3 refills is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring including analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. This injured worker was noted to have radiating low back pain. However, the documentation submitted for review did not notate what the injured worker's pain and activities were with and without the use of this medication nor any adverse side effects he experienced. The documentation also lacked a urine drug screen to determine medication compliance. In the absence of pain and activity with and without the use of this medication, adverse side effects, and a urine drug screen, the request is not supported by the evidence based guidelines. Furthermore, clarification is needed as the frequency of the requested medication is 13 times a day. Additionally, the request does not specify the duration of use. As such, the request for tramadol HCl 50mg 13 X day 3 refills is not medically necessary.

Medrox pain relief ointment, apply 2 x day 2 refills: Upheld

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

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

Decision rationale: The request for Medrox pain relief ointment, apply 2 X day 2 refills is not medically necessary. Medrox pain relief ointment is comprised of capsaicin, menthol, and methyl salicylate. According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain after a trial of antidepressants and anticonvulsants have failed. The guidelines also state that when any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. Capsaicin is recommended to those who have not responded, or are intolerant, to other treatment modalities. Salicylate topicals are recommended as they are significantly better than a placebo in chronic pain. The documentation submitted for review did not notate that the he failed the use of antidepressants and anticonvulsants for pain. Consequently, the request is not supported by the

evidence based guidelines. Additionally, the request did not specify the body region to which this medication is to be applied nor the duration of use. As such, the request for Medrox pain relief ointment, apply 2 X day 2 refills is not medically necessary.