

Case Number:	CM14-0133657		
Date Assigned:	08/22/2014	Date of Injury:	03/27/2006
Decision Date:	09/23/2014	UR Denial Date:	07/22/2014
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 Anesthesiology, has a subspecialty in Pain Management is licensed to practice in Tennessee. 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 49-year-old female who has submitted a claim for derangement of joint not otherwise specified of ankle and foot, sprains and strains of ankle not elsewhere classified, and mononeuritis not otherwise specified associated with an industrial injury date of 03/27/2006. Medical records from 03/13/2014 to 07/22/2014 were reviewed and showed that patient complained of left ankle and left leg pain (pain scale grade not specified) radiating towards the back of the knee . Physical examination revealed left ankle edema at the lateral side. Left ankle was decreased in flexion and dorsiflexion. Talofibular ligament is tender upon palpation. Lateral laxity was noted. Treatment to date has included Medrox pain relief ointment (prescribed since 03/13/2014), Omeprazole DR 20mg capsule #30 (prescribed since 03/13/2014), Orphenadrine ER 100mg #30 (prescribed since 03/13/2014), Hydrocodone-APAP 10/325mg #60 (prescribed since 03/13/2014), and Naproxen sodium 550mg #30 (prescribed since 03/13/2014). Of note, there was no documentation of intolerance to oral pain medications. Utilization review dated 07/22/2014 denied the request for Medrox pain relief ointment, apply to affected area twice a day, and refill x2 because there was no documentation describing well-demarcated neuropathic pain that has failed the gamut of readily available oral agents in antidepressant or antiepileptic class. Utilization review dated 07/22/2014 denied the request for Omeprazole Dr 20mg capsule, take one daily #30 refill x2 because there was no documentation of current GI symptoms. Utilization review dated 07/22/2014 denied the request for orphenadrine Er 100 mg tablet, take one at bedtime #30 because documentation does not identify presence of recent spasticity. Utilization review dated 07/22/2014 denied the request for Hydrocodone (Norco)-APAP 10-325 tablet, take one twice daily #60 because ongoing use of opioids was not supported in the current setting. Utilization review dated 07/22/2014 denied the request for Naproxen

Sodium 550 mg, take one daily #30, refill X 2 due to lack of documentation of improvement with medic

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment, apply to affected area twice a day, Refill X 2: Upheld

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

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

Decision rationale: Medrox ointment contains: 0.0375% Capsaicin; 20% Menthol; and 5% Methylsalicylate. California MTUS Chronic Pain Medical Treatment Guidelines states that there are no current indications for Capsaicin formulation of 0.0375%. ODG Pain Chapter also states that topical pain relievers that contain: Menthol, Methylsalicylate, and Capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS states that Salicylate topicals are significantly better than placebo in chronic pain. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. In this case, the patient was prescribed Medrox ointment since 03/13/2014. There was no documentation of intolerance to oral medications to support Medrox ointment use. Furthermore, Medrox contains 0.0375% of capsaicin which is not recommended by the guidelines. The guidelines clearly state that any compounded cream that contains one drug class that is not recommended is not recommended. Therefore, the request for Medrox pain relief ointment, apply to affected area twice a day, Refill X 2 is not medically necessary.

Omeprazole Dr 20 mg capsule, take one daily #30 Refill X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiac risk factors.

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

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Omeprazole DR 20mg #30 since 03/30/2014. There was no documentation of gastrointestinal disturbances. The patient did not meet the criteria for those at risk for gastrointestinal events. There is no clear indication for proton pump inhibitor prophylaxis at this time. Therefore, the request for Omeprazole Dr 20 mg capsule, take one daily #30 Refill X 2 is not medically necessary.

Orphenadrine Er 100 mg tablet, take one at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient was prescribed Orphenadrine Er 100mg #30 since 03/13/2014. Physical exam findings did not reveal presence of spasms. Moreover, there was no documentation of functional improvement with Orphenadrine use. Furthermore, the long-term use of Orphenadrine is not in conjunction with guidelines recommendation. Therefore, the request for Orphenadrine Er 100 mg tablet, take one at bedtime #30 is not medically necessary.

Hydrocodone (Norco)-APAP 10-325 tablet, take one twice daily #60: 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 Opioids Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Hydrocodone-APAP 10/325mg since 03/13/2014. However, there was no documentation of pain relief or functional improvement to support the continuation of opiates use. Therefore, the request for Hydrocodone (Norco)-APAP 10-325 tablet, take one twice daily #60 is not medically necessary.

Naproxen Sodium 550 mg, take one daily #30, refill X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) specific recommendations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient was prescribed Orphenadrine Er 100mg #30 since 03/13/2014. Physical exam findings did not reveal presence of spasms. Moreover, there was no documentation of functional improvement with Orphenadrine use. Furthermore, the long-term use of Orphenadrine is not in conjunction with guidelines recommendation. Therefore, the request for Orphenadrine Er 100 mg tablet, take one at bedtime #30 is not medically necessary.