

Case Number:	CM14-0134076		
Date Assigned:	08/27/2014	Date of Injury:	02/12/2014
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine, 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 52 year-old woman who was injured on Feb 12, 2014 while working as a controller when she fell backwards at work and twisted her neck and low back. She has pain in the posterior aspect of her neck with spasm and tightness with radiation to the arms with numbness, tingling and weakness of the arms; low back pain with radiation to the legs with numbness, tingling and weakness of the legs. An exam revealed spinal tenderness, limitations in range of motion, slightly decreased sensation on the dorsum of her left hand and positive right straight leg raise test. Imaging studies reveal herniation at C5-6 and L5-S1. She was treated with medications, rest, light duty and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine/Caffeine 50/10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Orphenadrine/Caffeine 50/10mg is a combination antispasmodic muscle relaxant. Caffeine is said to help increase the pain relieving effects of this medicine, and

orphenadrine relaxes muscles. This medicine is usually used along with rest and physical therapy to relieve pain from sprains, spasms, or injuries. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the Food and Drug Administration (FDA) in 1959. The Medical Treatment Utilization Schedule (MTUS) 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 (LBP). However, there is no indication this worker has been treated with a first line medication and since this medication is used for short-term treatment, medical necessity has not been shown in this worker with pain for 7 months.

Gabapentin/Pyridoxine 250/10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is no documentation of neuropathic pain in this worker. Nor is there documentation of the length of time she has been taking Gabapentin to help determine if a taper is needed to discontinue this medication.

Flurbiprofen/Cyclo/Menth cream #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Topical non-steroidal anti-inflammatory drugs (NSAIDs) are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally 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, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. This worker has diffuse musculoskeletal pain, not neuropathic pain, therefore medical necessity has not been shown. In

addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and menthol are not recommended.

Keratek analgesic gel 40z: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Keratek analgesic gel is a topical analgesic consisting of menthol 16g in 100g and methyl salicylate 28g in 100g. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally 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 non-steroidal anti-inflammatory drugs [NSAIDs], opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. This injured worker has diffuse musculoskeletal pain, not neuropathic pain, therefore medical necessity has not been shown. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not recommended. Therefore, the requested medication is not considered medically necessary for the patient at this time.

Hydrocodone/APAP-Ondan 10/300/2 mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-92.

Decision rationale: Hydrocodone/ acetaminophen(APAP) is indicated for moderate to moderately severe pain. There are no Food and Drug Administration (FDA)-approved hydrocodone products for pain unless formulated as a combination. Under the criteria for use of opioids, on-going management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned

to work; however, this information has not been made available. The documentation provided on this worker states she has diffuse musculoskeletal pain. However, none of the other information necessary for ongoing monitoring have been provided, including functional status, appropriate medication use and side effects. Nor is there any mention of a written contract, which is not a requirement, but a recommendation. Therefore, the requested medication is not medically necessary.

Omeprazole 10mg/Flurbiprofen 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: This worker has no history of gastrointestinal problems, and no evidence of medication induced gastro-esophageal reflux disease. She has diffuse muscular pain. Per the Medical Treatment Utilization Schedule (MTUS), injured workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non-steroidal anti-inflammatory drug (NSAID) with either a PPI (Proton Pump Inhibitor). Therefore, Omeprazole is not medically necessary.