

Case Number:	CM14-0139295		
Date Assigned:	09/05/2014	Date of Injury:	03/25/2013
Decision Date:	10/07/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal 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 patient is an injured worker with right shoulder impingement, cervical discopathy, ulnar nerve lesion, and carpal tunnel syndrome. Date of injury was 03-25-2013. Mechanism of injury was slip and fall. Progress report dated 7/3/14 documented subjective complaints of shoulder pain. The patient is a candidate for shoulder surgery. Treatment plan included acupuncture, Medrox ointment, Ketoprofen, Omeprazole, Orphenadrine, Norco 5-325 mg. Progress report dated 7/24/14 documented a physical examination. Cervical spine examination demonstrated paraspinal muscles tenderness. Spasm was present. Range of motion was restricted. Sensation was reduced in the right median nerve distribution. Motor strength was grossly intact. Deep tendon reflexes were normal and symmetrical. Right shoulder was tender to palpation. Range of motion was restricted in flexion and abduction. There was positive impingement sign. Right elbow was tender to palpation. Tinel's sign was positive at the elbow. Right grip strength was reduced. Sensation was reduced in the median nerve distribution. Diagnoses were brachial neuritis or radiculitis, shoulder impingement, ulnar nerve lesion, and carpal tunnel syndrome. Treatment plan included right shoulder injection with Betamethasone. The patient was on temporary total disability for 6 weeks. Utilization review determination date was 7/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment with Refill x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, topical , NSAIDs (non-steroidal anti-inflammatory drugs) Page(s):. Decision based on Non-MTUS Citation FDA Prescribing Information Medrox <http://www.drugs.com/pro/medrox-rx-ointment.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. The available medical records have no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin per MTUS. Therefore, topical Capsaicin is not recommended per MTUS guidelines. Medical records do not present blood pressure measurements or laboratory test results, which are recommended for NSAID use per MTUS. Medical records indicate long-term NSAID use, which is not recommended by MTUS. Ketoprofen (NSAID) was prescribed. Therefore, topical Methyl Salicylate (NSAID) is redundant NSAID therapy. The medical records and MTUS guidelines do not support the use of the topical NSAID. Medrox topical ointment contains Capsaicin 0.0375%, Methyl Salicylate 5%, and Menthol 5%. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, Medrox topical is not recommended. Therefore, the request for Medrox Pain Relief Ointment with Refill x 2 is not medically necessary.

Orphenadrine ER 100mg 1 tab PO BID #60 with refill x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex) ; Muscle relaxants Page(s): 65; 63-65. Decision based on Non-MTUS Citation FDA Prescribing

Information Orphenadrine Citrate (Norflex) <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of orphenadrine. Medical records indicate the long-term use of Orphenadrine for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. FDA guidelines states that Orphenadrine Citrate (Norflex) is indicated for acute conditions. The medical records and MTUS, ACOEM, and FDA guidelines do not support the use of Orphenadrine Citrate (Norflex). Therefore, the request for Orphenadrine ER 100mg 1 tab PO BID #60 with refill x 2 is not medically necessary.

Norco 5/325mg 1 tab PO BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management of Chronic Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96; 91-92.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The usual dose of 5/500 mg is 1 or 2 tablets PO every four to six hours as needed for pain (page 91). Medical records document Norco 5/325 mg #60 prescriptions on 5/8/14 and 7/3/14. The average usage rate is one tablet of Norco a day. The progress report dated 7/3/14 documented that the patient is a candidate for shoulder surgery. Medical records document stable use of opioid medications and objective evidence of significant pathology. Medical records support the maintenance of the Norco 10/325 mg prescription. Therefore, the request for Norco 5/325mg 1 tab PO BID #60 is medically necessary.