

Case Number:	CM14-0181206		
Date Assigned:	11/06/2014	Date of Injury:	06/13/2014
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/31/2014

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 Montana. 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 server at a food service establishment with a date of injury of 6/13/14. That day he developed pain in the upper back and right arm related to carrying heavy items at work. He would initially be seen in an urgent care facility with a diagnosis of upper back and neck strain with right arm paresthesias. He does continue to complain of neck pain which is described in the medical records as radiating to the right lower extremity. He has had numbness and tingling in the fourth and fifth digits of the right hand and ongoing pain in the right shoulder with positive impingement findings. Magnetic resonance imaging (MRI) of the right shoulder showed minimal subacromial bursitis and mild osteoarthritis of the AC joint. Magnetic resonance imaging (MRI) of the cervical spine would show multiple disc protrusions with mild effacement of the left C6 and C7 nerve roots. Electrodiagnostic testing showed no evidence for carpal tunnel syndrome, ulnar neuropathy or radiculopathy. Treatment has primarily included medications. The primary treating physician has requested Medrox ointment #1 with 2 refills, naproxen sodium 550 mg #30, omeprazole DR 20 mg #30 with 2 refills, orphenadrine ER 100 mg #60 with 2 refills, Prime Dual TENS/EMS unit was 2 months supplies, and acupuncture 3 times per week for 4 weeks of the cervical spine, right upper extremity, and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment #1 with 2 Refills: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Medrox ointment is a combination medication using methyl salicylate, capsaicin and menthol. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate is a volatile oil with a characteristic wintergreen odor and taste, used as a flavoring agent and as a topical counterirritant for muscle pain. The salicylate component is an anti-inflammatory agent. Topical nonsteroidal anti-inflammatory agents have shown inconsistent efficacy in clinical trials with most studies being small and of short duration. The MTUS does not specifically address use of methyl salicylate. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The use of menthol is not recommended in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. In this case there has been no trial of antidepressant or anticonvulsant medications. The requested medication contains a component that is not recommended. The request for Medrox Ointment #1 with 2 Refills is not medically necessary.

Naproxen NA 550 mg #30: 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 Nonsteroidal Anti-Inflammatory Drugs Page(s): 67-68, 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Naproxen

Decision rationale: Naproxen is a Nonsteroidal Anti-Inflammatory Drug (NSAID). The MTUS states that nonsteroidal anti-inflammatory medications are "recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain." Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. Naproxen as sodium salt is available in 550 mg (Anaprox). The medical records note that naproxen sodium had been used since 7/8/14. The primary treating physician recommended continuation of naproxen sodium on 9/24/14, indicating use for nearly 3 months. This is not consistent with the MTUS recommendation for using the lowest dose for the shortest duration possible. The medical records do not demonstrate substantial pain relief and functional improvement related to use of naproxen sodium and there is no documentation of side effects. Without documentation for efficacy and functional improvement, the request for

Naproxen NA 550 mg #30, is not consistent with the MTUS recommendations and is not medically necessary.

Omeprazole DR 20 mg #30 with 2 Refills: 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 Nonsteroidal Anti-Inflammatory Drugs, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors

Decision rationale: Omeprazole is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with nonsteroidal anti-inflammatory drug use. The MTUS states that "patients at risk for gastrointestinal events may use proton pump inhibitors." Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple nonsteroidal anti-inflammatory drugs. The ODG guidelines state that, in general, the use of PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The medical records do not document risk for gastrointestinal events or any current history of gastrointestinal symptoms. The request for omeprazole DR 20mg #30 with 2 refills is not supported by the MTUS and ODG guidelines and is not medically necessary.

Orphenadrine ER 100 mg #60 with 2 Refills: 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 Muscle Relaxers Page(s): 63-65.

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, 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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. Orphenadrine (Norflex) is an antispasmodic drug 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 FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given three to four times a day. In this case the injured worker has been taking orphenadrine without documentation of any specific functional improvement. The request for orphenadrine ER 100 mg #60 with 2 refills clearly exceeds the recommendations for short-term use only and is not consistent with the MTUS guidelines. The request for orphenadrine ER 100 mg #60 with 2 refills is not medically necessary.

Acupuncture 3x4 Cervical Spine, Right Upper Extremity, Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. "Acupuncture with electrical stimulation" is the use of electrical current (micro-amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. The recommended frequency for acupuncture is 1 to 3 times per week with time to produce functional improvement of 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. In this case the request for acupuncture 12 treatments is not consistent with the guidelines noted above and is not medically necessary.

Prime Dual TENS/ EMS Unit with 2 Months Supplies (Electrodes, Batteries, Lead Wires): 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 Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114.

Decision rationale: The MTUS notes that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may

reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this case a one-month home-based trial of TENS therapy may be indicated however, the request for TENS/EMS with 2 months supplies for purchase is not consistent with the MTUS guidelines and is not medically necessary.