

Case Number:	CM14-0020312		
Date Assigned:	04/25/2014	Date of Injury:	05/06/2013
Decision Date:	07/07/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/18/2014

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, Pain Medicine and is licensed to practice in Texas. 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 31 year old female who sustained an injury on 05/06/13. No specific mechanism of injury was noted. This appeared to have been due to repetitive use. The injured worker had been followed for complaints of neck pain radiating to the upper extremities. The injured worker described difficulty performing heavy lifting. Prior conservative treatment had included the use of physical therapy, massage therapy and acupuncture. Previous electrodiagnostic studies report evidence of a mild right and severe left carpal tunnel syndrome. The injured worker described symptoms of insomnia. The injured worker had multiple injections for the right elbow and right wrist. It is noted that the injured worker was scheduled for surgical intervention on 01/14/14; however, the Progress Report from 12/23/13 indicated there was an issue with child care. The injured worker was seen on 01/09/14 by Dr. Tabibian. As of this visit, the injured worker was utilizing Naprosyn for pain. The injured worker was prescribed narcotics; however, the injured worker chose not to utilize this medication and was instead utilizing medicated creams. On physical examination, the injured worker demonstrated stiffness in the cervical region. There was subjective pain at the elbows, wrists, and hands. Range of motion was restricted in the cervical spine. There was decreased sensation in the bilateral median nerve distribution. Spasms and tenderness to palpation in the cervical spine were noted. No motor weakness or reflex changes were present. There was bilateral loss of range of motion in the shoulders. No range of motion loss in the elbows was noted. There was tenderness to palpation laterally at the elbows. Grip strength was decreased bilaterally. No range of motion loss at the wrists was present. A positive Finkelstein's sign was noted to the right. Updated electrodiagnostic studies were recommended. The injured worker was prescribed oral Naproxen 550mg, Omeprazole 20mg, Orphenadrine extended release 100mg twice daily, and a Medrox

topical relief ointment. The medications to include Medrox pain ointment, Omeprazole, and Orphenadrine were all denied by utilization review on 01/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Medrox contains Capzasin as a primary component. Per guidelines, Capzasin can be considered an option in the treatment of neuropathic symptoms that have failed 1st line oral medications such as antiinflammatories. In this case, there is no indication that the injured worker has failed all reasonable oral medications or was intolerant of oral medications. As such, there were no indications for this topical medication per the guidelines. Therefore, the request for Medrox pain relief ointment is not medically necessary.

OMEPRAZOLE DR 20MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (Odg) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: In regards to gastrointestinal side effects from oral medication use, there was no indication that this had occurred for the injured worker. Otherwise, no objective evidence regarding ongoing gastroesophageal reflux disease or other gastrointestinal conditions were noted to support the use of this proton pump inhibitor. Therefore, the request for Omeprazole DR 20mg #30 is not medically necessary.

ORPHENADRINE ER 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: This medication is a muscle relaxant which is recommended in the treatment of acute musculoskeletal conditions. The injured worker did not present with any objective

findings consistent with muscular spasms which would reasonably benefit from the use of this type of muscle relaxer. Therefore, the request for Orphenadrine ER 100mg #60 is not medically necessary.