

<b>Case Number:</b>	CM14-0024101		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine & Rehabilitation 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 42-year-old female who reported injury on 07/20/2011. The diagnoses included low back pain and lumbar radiculopathy. The mechanism of injury was continuous trauma. The prior treatments included physical therapy and medications. Documentation indicated the injured worker had been utilizing opiates since 05/2013. The documentation of 09/04/2013 revealed the injured worker had pain in the low back radiating to bilateral hips and legs, especially on the left side. The injured worker experienced numbness and tingling in her left lower leg and her left toes. The injured worker complained of loss of sensation and weakness of her legs. The objective examination indicated the injured worker had lumbar spasms. The diagnoses included lumbar radiculopathy and anxiety reaction. The treatment plan included a refill of medications, a followup to a psychiatric evaluation, and return for followup in 4 weeks. The medications per the prescription were Medrox pain relief ointment apply to affected area twice a day, ketoprofen 75 mg #30 take 1 daily, omeprazole DR 20 mg take 1 daily, and orphenadrine ER 60 mg take 1 twice a day.

### 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 Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105, 111, 28. Decision based on Non-MTUS Citation Medrox Online Package Insert.

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review indicated the injured worker had neuropathic pain, however, there was lack of documentation indicating the injured worker had a trial and failure of anticonvulsants. There was lack of documentation indicating the injured worker was unresponsive or intolerant of other treatments. The duration of these could not be established through supplied documentation. The request as submitted failed to indicate the quantity and frequency for the requested medication. Given the above, the request for Medrox pain relief ointment is not medically necessary.

**KETOPROFEN 75MG CAPSULE #30:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend NSAIDS for the short term symptomatic relief of low back pain. It is recommended that the lowest effective dose be used for NSAIDS for the shortest duration of time, consistent with the individual patient treatment goals. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ketoprofen 75 mg #30 is not medically necessary.

**OMEPRAZOLE DR 20MG CAPSULE #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker had signs or symptoms of dyspepsia. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Additionally, as the NSAID was found to be not medically necessary, the request for omeprazole is not supported. Given the above, the request for omeprazole DR 20 mg capsules #30 is not medically necessary.

**ORPHENADRINE ER 100MG TABLET #60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had spasms. However, there was a lack of documentation of a failure of a first line therapy. The duration of use could not be established through the submitted documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for orphenadrine ER 100 mg tablets #60 is not medically necessary.