

Case Number:	CM14-0025795		
Date Assigned:	06/13/2014	Date of Injury:	08/15/2012
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 34 year old with an injury date on 8/15/12. Based on the 1/2/14 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar radiculopathy status post discectomy. 2. Right greater trochanteric bursitis resulting from abnormal gait and resulting from back pain and abnormal posture. 3. Anxiety reaction. 4. Sleep difficulties. 5. Right chronic LS radiculopathy, per electrodiagnostic study. Exam of L-spine on 1/2/14 showed "paravertebral muscles tender. Spasm is present. The range of motion is restricted. The deep tendon reflexes normal, symmetrical. Sensation reduced in left L5 dermatomal distribution. A straight leg raise test positive on left." [REDACTED] is requesting Hydrocodone (Norco) 10/325mg #60, Omeprazole DR 20mg #30, Orphenadrine ER 100mg #60, Naproxen sodium 550mg #30, Medrox ointment 120g. The utilization review determination being challenged is dated 1/27/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/23/13 to 1/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE (NORCO) 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with lower back pain and is s/p L4-L5 microdiscectomy from November 2012. The treating physician has asked for Hydrocodone (Norco) 10/325mg #60 on 1/2/14. As of 3/6/13, patient has slight back pain but is taking no medications, recovering well from microdiscectomy of prior year. On 4/9/13, patient still has not been approved to take medications. On 7/25/13, patient is taking hydrocodone in the evenings for pain, but no mention of relief or effect. For chronic opioids use, California Medical Treatment Utilization Schedule (MTUS) guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-seeking behavior. In this case, the treating physician has asked for Hydrocodone (Norco) 10/325mg #60 which patient has been taking for 8 months without indication of its effectiveness in managing pain and increasing function. Due to lack of documentation as required per MTUS for ongoing opioid usage, requested Hydrocodone is not indicated at this time. The requested treatment is not medically necessary and appropriate.

OMEPRAZOLE DR 20MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with lower back pain and is s/p L4-L5 microdiscectomy from November 2012. The treating physician has asked for Omeprazole DR 20mg #30 on 1/2/14. As of 3/6/13, patient has slight back pain but is taking no medications, recovering well from microdiscectomy of prior year. On 4/9/13, patient still has not been approved to take medications. On 7/25/13, patient is only taking hydrocodone in the evenings for pain, but no mention of any other medications. No mention in included reports of patient taking Prilosec. Patient has no history of cardiovascular illness or risk. Regarding Prilosec, California Medical Treatment Utilization Schedule (MTUS) does not recommend routine prophylactic use along with non-steroidal Anti-inflammatory Drugs (NSAIDs). Gastrointestinal (GI) risk assessment must be provided. MTUS recommend non-selective NSAIDS for patients with no GI side effect risk and no cardiovascular risk. In this case, patient is taking NSAID for acute back pain, and treating physician has requested Prilosec for GI upset which is within MTUS guidelines for this type of condition. The requested treatment is medically necessary and appropriate.

ORPHENADRINE ER 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with lower back pain and is s/p L4-L5 microdiscectomy from November 2012. The treating physician has asked for Orphenadrine ER 100mg #30 on 1/2/14. Reviews of the reports do not show any evidence of patient having taken Orphenadrine in the past. As of 3/6/13, patient has slight back pain but is taking no medications, recovering well from microdiscectomy of prior year. On 4/9/13, patient still has not been approved to take any muscle relaxants, although Orphenadrine was requested. On 10/31/13, the treating physician states for patient to "continue taking medications" but does not include which medications. Regarding muscle relaxants for pain, California Medical Treatment Utilization Schedule (MTUS) guidelines recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treating physician does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The requested treatment is not medically necessary and appropriate.

NAPORXEN SODIUM 550MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with lower back pain and is s/p L4-L5 microdiscectomy from November 2012. The treating physician has asked for Naproxen sodium 550 mg #30. As of 3/6/13, patient has slight back pain but is taking no medications, recovering well from microdiscectomy of prior year. On 4/9/13, patient still has not been approved to take any medications. Review of the reports do not show any evidence of patient taking Naproxen in the past. Regarding non-steroidal Anti-inflammatory Drugs (NSAIDs), California Medical Treatment Utilization Schedule (MTUS) recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, patient has chronic lower back pain for which requested Naproxen is indicated per MTUS guidelines. The requested treatment is medically necessary and appropriate.

MEDROX OINTMENT 120G: Upheld

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

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

Decision rationale: This patient presents with lower back pain and is s/p L4-L5 microdiscectomy from November 2012. The treating physician has asked for Medrox ointment 120g on 1/2/14. As of 3/6/13, patient has slight back pain but is taking no medications, recovering well from microdiscectomy of prior year. A review of the available reports show no

evidence of Medrox being taken in the past. California Medical Treatment Utilization Schedule (MTUS) states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox ointment contains capsaicin 0.0375%, menthol 5%, methyl salicylate 20%. MTUS recommends capsaicin only as an option "in patients who have not responded or are intolerant to other treatments." Furthermore, MTUS indicates capsaicin efficacy for peripheral neuropathies at a 0.025% formulation, with no studies of the efficacy of a 0.0375% formulation. There is no discussion about the patient's intolerance or failure to respond to other therapies and the guidelines do not support a 0.375% capsaicin formulation, thus the entire compounded product is not recommended. The requested treatment is not medically necessary and appropriate.