

<b>Case Number:</b>	CM14-0026530		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 & Rehabilitation, has a subspecialty in 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 39-year-old male who reported an injury on 10/16/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 09/11/2013 indicated diagnoses of lumbar radiculopathy, cervical spine strain, right shoulder impingement syndrome, and anxiety reaction. The injured worker reported low back pain that radiated into his right leg with numbness and tingling. On physical examination of the lumbar spine, there was tenderness to the paraspinal muscles with spasms. The injured worker's range of motion was restricted. The injured worker had a positive straight leg raise test. The injured worker had tenderness to palpation to the right shoulder. The injured worker had decreased range of motion to the right shoulder at flexion and abduction and a positive impingement sign. The injured worker's prior treatments included diagnostic imaging, home exercises, and medication management. The provider submitted a request for Norco, Omeprazole, Orphenadrine, and Medrox. The injured worker's medication regimen included Omeprazole, Orphenadrine, Norco, and Medrox. A request for authorization dated 09/11/2013 was submitted for Omeprazole, orphenadrine, Medrox, and Norco. However, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE- NORCO 2010/325 MG BID #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The request for HYDROCODONE- NORCO 2010/325 MG BID #120 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behaviors and side effects. Therefore, the request for Norco is not medically necessary.

**OMEPRAZOLE 20 MG 1 PO QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** The request for OMEPRAZOLE 20 MG 1 PO QD #30 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. There is a lack of documentation of efficacy and functional improvement. In addition, the injured worker is not on NSAIDs and there is no evidence in the documentation provided of a risk for gastrointestinal events. Therefore, the request for omeprazole is not medically necessary.

**ORPHENADRINE ER 100 MG 1 PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant, page 65. Acupuncture Medical Treatment Guidelines Page(s): 65.

**Decision rationale:** The request for ORPHENADRINE ER 100 MG 1 PO BID #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is a lack of documentation of efficacy and functional improvement. In addition, the injured worker has been prescribed this medication since at least 09/11/2013. Orphenadrine is a muscle relaxant recommended for short term use for no longer than 2 to 3 weeks. This exceeds the guideline recommendations. Therefore, the request for Orphenadrine is not medically necessary.

**MEDROX PAIN RELIEF OINTMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICALS Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

**Decision rationale:** The request for MEDROX PAIN RELIEF OINTMENT is not medically necessary. Medrox contains (Methyl Salicylate, Menthol, and Capsaicin 20/5/0.0375%). The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. 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. There is a lack of evidence in the documentation to indicate the injured worker is not responding or is intolerant of other treatments. In addition, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for post herpetic neuralgia, diabetic neuropathy, or post mastectomy pain. Additionally, there is a lack of documentation of efficacy and functional improvement. Moreover, capsaicin is generally available as a 0.025% formulation. The amount of capsaicin (0.0375%) in Medrox is excessive and exceeds the guideline recommendations. Furthermore, the request did not provide a dosage, frequency, or quantity for the medication. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for Medrox pain relief ointment is not medically necessary.