MAXIMUS Federal Services

Case Number:	CM14-0027084		
Date Assigned:	07/23/2014	Date of Injury:	11/16/2003
Decision Date:	10/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 and Oklahoma. 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 73-year-old female who reported an injury on 11/16/2003. The injured worker had surgical interventions including a total knee replacement and a fusion at C4 through C7. The mechanism of injury was not provided for review. The prior diagnostic studies included an MRI of the lumbar spine and x-rays of the lumbar and cervical spine, and an MRI of the cervical spine. The injured worker's medications included OxyContin 20 mg, Vicodin ES, Lidoderm patches, Ketoprofen 75 mg, Medrox ointment, Docuprene, and Prilosec as of 09/20/2013. Other therapies included a donut pillow, hot and cold packs, a lumbar spine orthotic brace, and a muscle stimulator. The most recent documentation was dated 01/09/2014 which revealed the injured worker's pain level without medication was 9/10 to 10/10 and with medication it 6/10 to 8/10. The documentation indicated the injured worker needed the medication to help her function with her activities of daily living. The injured worker's complaints were low back pain with radiation to the bilateral lower extremities, neck pain with radiation to the shoulders, left shoulder pain with radiation to the left arm, mild left lower extremity weakness and numbness, left knee pain, right knee pain, headaches, depression, tailbone and coccyx area pain improved, and difficulty with sleep as well as stomach upset and GERD symptoms due to pain medications. The physical examination revealed the straight leg raise was positive on the right at 60 degrees in the sitting position causing buttock and posterior thigh pain. It was negative on the left. The injured worker had decreased range of motion and slight to moderate paralumbar muscle spasm (right greater than left) of the lumbar spine. In the cervical spine, there was slight paracervical muscle spasms bilaterally (more on the left than the right). There was decreased range of motion. The Spurling's test was positive to the left, reproducing left upper arm pain and scapular pain. The injured worker had slight swelling of the

bilateral knees, more on the right than the left. There was anterior knee tenderness. There was slight to moderate point tenderness to the coccyx. There was diffused tenderness over the superior anterior left shoulder. The gait was noted to be slow and antalgic due to knee and low back pain. The injured worker was utilizing a quad cane. the diagnoses included lumbar strain with right radicular symptoms and signs with spontaneous exacerbation, cervical strain with radiculopathy (left greater than right), left knee pain status post-surgery, right knee pain status post total knee replacement, posterior tibial nerve injury from the lumbar strain with radicular symptoms, post traumatic headaches, secondary depression due to chronic pain, coccygeal strain probably due to chronic low back pain, insomnia, intermittent upset stomach due to use medications, and left shoulder pain. The treatment plan included a refill of the medications and a neurosurgery consultation. There was no Request for Authorization submitted for the requested interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #60: 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 NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. The documentation indicated the injured worker had a decrease in pain due to medication use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ketoprofen 75 mg #60 is not medically necessary.

Medrox ointment 120mg: 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 Salicylate,Topical Analgesic, Topical Capsaicin Page(s): 105; 111; 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medrox Online Package Insert

Decision rationale: The 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 submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented objective functional benefit and exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and strength for the requested medication. Given the above, the request for Medrox ointment 120 mg is not medically necessary.

Docuprene 100mg #60: 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 Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend when initiating opioid therapy, there should be prophylactic treatment of constipation. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Docuprene 100 mg #60 is not medically necessary.

Prilosec 20mg #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 NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg #30 is not medically necessary.