

Case Number:	CM14-0031690		
Date Assigned:	06/20/2014	Date of Injury:	01/14/2011
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/12/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic knee pain reportedly associated with an industrial injury of January 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; sleep aids; multiple prior lumbar spine surgeries; and topical agents. In a Utilization Review Report, not clearly dated, appears to have been dated March 3, 2014 and was signed by [REDACTED] the claims administrator approved a request for oral ketoprofen, partially certified Norflex for weaning purposes, and partially certified hydrocodone, also for weaning purposes. The Utilization Review rationale is extremely difficult to follow and did not incorporate cited guidelines into its rationale. No rationale was provided for denial of omeprazole. The applicant's attorney subsequently appealed. In a progress note dated February 11, 2014, the applicant was described as having persistent complaints of pain about the knee, low back, and proximal fibula. The applicant was given refills of oral ketoprofen, oral omeprazole, oral Norflex, and oral Norco. The applicant is placed off of work, on total temporary disability, for an additional six weeks. In an earlier note of January 14, 2014, the applicant was again placed off of work, on total temporary disability, for an additional six weeks. Norco was renewed on that date as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 (twice per day): 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 Muscle Relaxants topic Page(s): 63.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine or Norflex are recommended for short-term use purposes, for acute exacerbations of chronic low back pain. There are not recommended for the chronic, long-term, and/or scheduled, twice-daily use purpose for which they are being proposed here. In this case, as with the other request, the attending provider did not furnish any applicant specific rationale, narrative, or commentary which would offset the unfavorable Chronic Pain Medical Treatment Guidelines recommendation. The request for Orphenadrine ER 100mg, sixty count, is not medically necessary or appropriate.

Hydrocodone 5/325mg #60 (twice per day, as needed): 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 page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider's narrative commentary is extremely sparse and did not make any mention of any appropriate reductions in pain levels or improvements in function achieved as a result of ongoing hydrocodone usage. The request for Hydrocodone 5/325mg, sixty count, is not medically necessary or appropriate.

Medrox pain relief ointment (apply twice per day to affected areas): 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 Analgesics topic Page(s): 111.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, the applicant's ongoing usage of tramadol, a first-line oral pharmaceutical, effectively obviates the need for largely experimental agents such as Medrox. It is further noted that the applicant has already used Medrox for some time, despite the unfavorable Chronic Pain Medical Treatment Guidelines recommendation and does not appear to have profited through prior usage of the same. The applicant remains off of

work. The applicant has seemingly failed to return to work. The applicant remains highly reliant on various oral and topical medications. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Medrox. The request for Medrox pain relief ointment is not medically necessary or appropriate.

Zolpidem tartrate 10mg at bedtime: 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 Page(s): 7-8. Decision based on Non-MTUS Citation 2. Food and Drug Administration (FDA), Ambien Drug Guide.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does not specifically address the topic, the Chronic Pain Medical Treatment Guidelines do state that it is incumbent upon the attending provider to furnish compelling evidence to support usage of a drug for non-FDA label purposes. In this case, the Food and Drug Administration (FDA), however, states that Ambien is indicated only in the short-term treatment of insomnia, for up to 35 days. Ambien is not indicated in the chronic, long-term, and/or scheduled use purposes for which it is being employed here. In this case, the attending provider did not furnish any applicant-specific rationale, narrative or commentary, or compelling medical evidence which would offset the unfavorable Chronic Pain Medical Treatment Guidelines and FDA recommendations. The request for Zolpidem tartrate 10mg is not medically necessary or appropriate.