

Case Number:	CM14-0031967		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2012
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 pain syndrome, including chronic shoulder pain, chronic low back pain, and chronic leg pain reportedly associated with an industrial injury of February 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounded medications; and unspecified amounts of cognitive behavioral therapy. In a utilization review report dated February 19, 2014, the claims administrator approved a request for omeprazole, approved a request for Naprosyn, partially certified Norco, reportedly for weaning purposes, denied Norflex outright, and denied a Medrox pain ointment. The claims administrator, it is incidentally noted, incorporated non-MTUS ODG Guidelines in the decision to approve Naprosyn. Somewhat incongruously, the claims administrator stated that Naprosyn was effective while denying Norco. The applicant's attorney subsequently appealed. A January 28, 2014, progress note was notable for comments that the applicant reported persistent complaints of low back pain, reportedly worsening. The applicant was given diagnoses of chronic low back pain, right shoulder internal derangement, and anxiety reaction. The applicant was given prescriptions for omeprazole, orphenadrine, Medrox ointment, Naprosyn, and hydrocodone. The applicant's work status was not clearly stated. It did not appear that the applicant was working, either as a result of her medical conditions or as a result of her mental health conditions. On June 2, 2014, omeprazole, orphenadrine, Medrox, Norco, Naprosyn were all refilled. On this occasion, as with the others, there was no mention or discussion of medication efficacy. In a medical-legal evaluation of September 27, 2012, the applicant was given a 20% whole-person impairment rating. It was stated that the applicant had failed to return to her usual and customary work as a certified nursing assistant (CNA).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Topic Page(s): 63,7.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine are recommended for the treatment of short-term exacerbations of chronic pain. They are not recommended for the chronic, long-term, scheduled, sustained, and/or twice daily use basis for which they are being proposed here. It is further noted that, as with the many other medications, the attending provider does fail to incorporate any discussion of medication efficacy into his progress notes. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, however, the attending provider should, in fact, allow medication efficacy to guide his choice of recommendations. In this case, the applicant is off of work. The applicant remains highly reliant on medication therapy and other forms of medical treatment. All the above, taking together, imply a lack of functional improvement as defined in MTUS 9792.20(f) despite ongoing orphenadrine usage. Therefore, the request is not medically necessary.

Medrox Pain Relief Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medrox pain relief ointment Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Topic Page(s): 111, 7.

Decision rationale: In this case, the applicant has already received Medrox, despite the unfavorable MTUS recommendation. The applicant has failed to clearly demonstrate any functional improvement following completion of the same. The applicant is off of work. The applicant has unchanged work restrictions which remain in place from visit to visit. The applicant remains reliant on opioid agents such as Norco. Therefore, the request for Medrox is not medically necessary.

Hydrocodone (Norco) 5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS 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, none of the afore-mentioned criteria have seemingly been met. The applicant continues to report ongoing complaints of low back pain from visit to visit. The applicant has, as previously noted, failed to return to work. There is no mention of any improvements in function achieved as a result of ongoing opioid therapy with Norco. Therefore, the request is not medically necessary, for all the stated reasons.