

Case Number:	CM14-0038126		
Date Assigned:	06/25/2014	Date of Injury:	03/01/2010
Decision Date:	08/12/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Practice 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 47 yr. old female claimant sustained a cumulative work related injury from 3/6/12-3/6/13 involving the neck, back, hands and knees. She was diagnosed with cervical strain, lumbar radiculopathy, bilateral carpal tunnel syndrome and bilateral knee internal derangement. A progress note on October 22, 2013 indicated the claimant continued neck and low back pain with associated headaches. She continued to have popping, clicking and grinding sensation in the shoulders which resulted in continuous pain. A continuous pain in the lower back radiated to her legs and resulted in numbness in the feet and toes. At the time should be taking Norco and Flexeril for pain and spasms. Physical findings were notable for decreased range of motion in the cervical, thoracic and lumbar spine along with paraspinal tenderness. The straight leg test was positive on bilaterally. The treating physician continuing her Norco and added Medrox pain relief appointment to be applied twice a day. In the interim the claimant received acupuncture treatments and hip injections. Due to persistent symptoms above, the treating physician ordered an MRI of the cervical and lumbar region in December 2013 and an MRI of the lumbar spine in March 2014. At that time, she was also continued on our Norco, Flexeril, Medrox and she was also given a prescription for Orphenadrine 100 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the thoracic spine is indicated for red flag symptoms such as fracture, infection, or tumor. Is the test of choice patients prior back surgery. In this case the claimant had clinical findings which did not suggest the above diagnoses. In addition, claimant had a previous request for an MRI of the cervical and lumbar spine. The results were not provided indicate the need for a thoracic MRI. Based on the guidelines and clinical information provided, the request for an MRI of the thoracic spine is not medically necessary.

Medrox pain relief ointment: 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 analgesics and pg 111-112 Page(s): 111-112.

Decision rationale: Medrox contains: methyl Salicylate 5%, Menthol 5%, Capsaicin 0.0375% . The use of compounded agents have very little to no research to support their use. According to the MTUS guidelines , Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore, the request for Medrox pain relief ointment is not medically necessary.

Orphenadrine ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Muscle Relaxants and pg 64-65 Page(s): 64-65.

Decision rationale: Orphenadrine (Norflex) is a muscle relaxant. Muscle relaxants are to be used caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Flexeril, another muscle relaxant, for several months. Therefore, the request for Orphenadrine ER 100mg #60 is not medically necessary.

Cyclobenzaprine HCL 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and pg 63-64 Page(s): 63-64.

Decision rationale: According to the MTUS guidelines : Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the agent was used with another muscle relaxer and as well as opioids. Therefore, the request for Cyclobenzaprine HCL 10mg #30 is not medically necessary.

Hydrocodone (Norco) APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and pg 82-92 Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for a long-term with no significant improvement in pain or function. Therefore, the request for Hydrocodone (Norco) APAP 10/325mg #120 is not medically necessary.