MAXIMUS Federal Services

Case Number:	CM14-0044319		
Date Assigned:	07/02/2014	Date of Injury:	03/25/2011
Decision Date:	08/26/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/11/2014

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 and 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 33-year-old female with a reported date of injury on 03/25/2011. The injury reportedly occurred when the injured worker opened a heavy gate and twisted her back. Her diagnoses were noted to include lumbar radiculopathy, a 16 mm disc herniation with complete obliteration of the neural foramen at L4-5 and compression of all the nerve roots in this area, anxiety reaction, and sleep disorder. Her previous treatments were noted to include physical therapy and pain medication. The progress note dated 03/05/2014 revealed the injured worker complained of lower back pain, as well as left lower extremity pain. The injured worker indicated her back is causing her the most pain. The physical examination of the lumbar spine noted tenderness to the paravertebral muscles with spasming. The range of motion was significant reduced with reduced motor strength. There was decreased sensation in the bilateral L5 dermatomal distribution. The deep tendon reflexes were slightly hypoactive in the patellar region. The request of authorization form dated 03/05/2014 was for Medrox pain relief ointment to be applied to affected area twice a day, Ketoprofen 75mg daily, Omeprazole DR 20mg daily, Orphenadrine ER 100mg twice a day, and Norco 10/325mg 2 tablets twice a day, however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for Medrox pain relief ointment is not medically necessary. Medrox consists of methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend capsaicin only as an option in injured workers who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for postherpetic 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 documentation regarding efficacy of this medication and guidelines do not recommend a 0.0375% formulation of capsaicin and the injured worker does not have a diagnoses of osteoarthritis. Additionally, the request failed to provide the frequency at which the medication is to be utilized.

Ketoprofen 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The request for ketoprofen 75 mg #30 is not medically necessary. The injured worker complains of low back pain and has been taking this medication since 09/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs for osteoarthritis (including knee and hip) at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for injured workers with moderate to severe pain. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short term symptomatic relief of chronic low back pain. A review of literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs, such as acetaminophen, narcotic analgesics, and muscle relaxants. There is inconsistent evidence for the use of

medications to treat long term neuropathic pain but they may be useful to treat breakthrough and mixed pain conditions, such as osteoarthritis (and other nociceptive pain), and with neuropathic pain. There is a lack of documentation regarding efficacy of this medication and the guidelines recommend short term utilization. The injured worker's been utilizing this medication for over 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Omeprazole DR 20gm #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

Decision rationale: The request for omeprazole DR 20 grams #30 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines recommend for physicians to determine if the injured worker is at risk for gastrointestinal events, such as age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. The previous request for ketoprofen was non-certified to which the omeprazole was being used prophylactically. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The request for orphenadrine ER 100 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The documentation provided indicated muscle spasms were present; however, the efficacy of this medication was not in the documentation provided. The guidelines recommend short term utilization for this medication and the injured worker has been taking this for over 6 months and there is a lack of documentation regarding

efficacy of this medication. Additionally, the request failed to provide frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Hydrocodone (Norco 5/325mg) #120: Upheld

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

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

Decision rationale: The request for hydrocodone (Norco 5/325 mg) #120 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence regarding significant pain relief on a numerical scale. The injured worker indicated she continues to take medication for pain which helps her function during the day. There is a lack of documentation regarding side effects and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.