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| Case Number: | CM14-0053063 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 08/07/2012 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 04/03/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 37-year-old female who reported injury on 08/07/2012 due to repetitive handling of material while working at [REDACTED]. The injured worker has a diagnosis of lumbar radiculopathy. The past medical treatment for the injured worker consists of aquatic therapy, physical therapy, home exercise program, and medication therapy. The patient's medications include Orphenadrine ER 100 mg, Omeprazole DR 20mg, and Medrox pain relief ointment. No dosage, duration, or frequencies were noted in the submitted report. A computed tomography scan on 10/16/2013 revealed a 2 mm to 3 mm right paracentral partially calcified disc protrusion at the L5-S1 level. An EMG/nerve conduction study test was also completed and was within normal limits. The injured worker complained of thoracic and lumbar pain, especially on the right side that had been worsening. There were no measurable pain levels documented in the submitted report. A physical examination dated 02/12/2014 revealed that the injured worker's lumbar spine muscles were tender, that spasms were present, the patient's range of motion was restricted due to pain and the deep tendon reflexes were normal and symmetrical. The patient's sensation and motor strength were grossly intact. Straight leg raising test was positive bilaterally. The treatment plan was for the injured worker to continue the use of Orphenadrine ER and Medrox pain relief ointment. The rationale behind continuing the medication is that the provider feels that medications are helping manage pain levels of the injured worker. The Request for Authorization Form was submitted on 02/12/2014.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of thoracic and lumbar pain, especially on the right side that had been worsening. There were no measurable pain levels documented in the submitted report. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The requested topical medication consists of methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. The California MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, 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. Furthermore, there is no literature to support efficacy, any advantage over over-the-counter medication or other medications already being prescribed. The submitted report lacked quantified evidence of antidepressants or anticonvulsants having been tried and failed. In addition, the dose, quantity, and frequency for the proposed medication were not provided in the submitted request. Furthermore, the submitted report did not indicate the efficacy of the medication or if the injured worker had functional benefits using the Medrox. Given that the compound requested is not within the MTUS Guidelines, the request for Medrox pain relief ointment is not medically necessary.

Orphenadrine ER 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 Muscle relaxants (for pain), (Orphenadrine) Page(s): 63-65.

Decision rationale: According to the California MTUS, Orphenadrine is a non-sedating recommended muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients 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. Orphenadrine is similar to Diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The request submitted did not specify the frequency or duration of the medication. There was also no quantified information regarding pain relief. There lacked evidence in the submitted reports as to whether the above medication helped the injured worker with any functional deficits. There was no assessment regarding current pain on a visual analogue scale, average pain, intensity of pain, or longevity of pain relief. In addition, there was no mention of a lack of side effects. Furthermore, the submitted report lacked pertinent information regarding how long the medication had been in use to date. Given the above, the request for Orphenadrine is not supported by the California MTUS Guideline recommendations. As such, the request for Orphenadrine ER 100 mg is not medically necessary.

Tramadol Hcl 50 mg #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 Tramadol; Ongoing management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The injured worker complained of thoracic and lumbar pain, especially on the right side that had been worsening. There were no measurable pain levels documented in the submitted report. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The submitted report lacked any evidence of effectiveness of functional improvement with the use of the Tramadol. There were no notes suggesting what pain levels were before, during, and after the medication use. There was also no documentation of the 4 A's, to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. There were no drug screens submitted for review. Furthermore, it was unclear as to when the injured worker started taking the Tramadol and how often. The submitted request did not indicate a frequency or duration on the medication. Given the above, the request is not within the MTUS Guidelines. As such, the request for Tramadol HCL is not medically necessary.

Omeprazole Dr 20 mg #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 PPIs (Omeprazole) Page(s): 68-69.

Decision rationale: The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked any evidence that the injured worker was taking any NSAIDs. Furthermore, there was no documentation indicating that she had complaints of dyspepsia with the use of medication, cardiovascular disease, or significant risk factors for GI events. In the absence of this documentation, the request is not supported by the evidence-based guidelines. Additionally, the request failed to include a frequency and duration. As such, the request for Omeprazole is not medically necessary.