

<b>Case Number:</b>	CM14-0061174		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 & Rehabilitation 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 injured worker is a 55-year-old female who reported an injury on 09/06/2013 due to a slip and fall. The injured worker was diagnosed with lumbar strain and right knee contusion. Left foot fracture, left hip contusion, left ankle sprain, left scapular winging, bilateral knee contusions, right meniscal injury, and left gluteal contusion. Prior treatments included 6 sessions of physical therapy, ice and heat treatments, home exercises, and a walking boot and crutches. X-rays of the left foot were reviewed on 09/06/2013, x-rays of the right and left knee were performed on 09/06/2013, an x-ray of the lumbar spine was performed, and Electromyography (EMG) /Nerve Conduction Studies (NCS) were performed, as well as an MRI. There were no surgeries performed during the course of treatment. On 10/18/2013, the injured worker reported pain to the low back, right knee, and left foot. She noted pain was worse in the back and knee with walking and was better when she rested. Referencing the physician visit on 12/06/2013, the injured worker reported pain rated 7/10 to the lumbar spine prior; however, she reported lumbar spine pain rated 4/10 at the 12/2013 visit and knee pain rated 2/10. On 03/21/2014 the injured worker reported there was improvement to her back pain. She stated she had no pain radiating down her legs. The injured worker felt the therapy was very helpful. She felt she could go back to regular work and stated her knee and left foot did not hurt. A final exam was conducted on 04/04/2014, where the injured worker reported continued pain in the back with radiation into the posterior thighs, calves and into the feet, with tingling in the right first, second, and third toes. The injured worker was prescribed Soma, naproxen, Glucophage and Lipitor. The provider recommended the injured worker continue with prescriptions of naproxen and Soma and follow-up with an additional 2 weeks of therapy. The physician was requesting Medrox pain relief ointment with 2 refills, omeprazole DR 20 mg quantity 30 with 2 refills, and Orphenadrine ER

100 mg quantity 60 with 2 refills. The physician's rationale for the requests was not provided. A request for authorization form was signed on 04/10/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Medrox Pain Relief Ointment with 2 refills: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines note topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Medrox is comprised of methyl salicylate, menthol, and capsaicin. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. According to the guidelines, methyl salicylate is recommended as it has been shown to be better than placebo for chronic pain. Within the provided documentation there is no indication the injured worker is not able to tolerate or has not responded to treatments while methyl salicylate is recommended for chronic pain, the requested topical compound also contains capsaicin for which the injured worker does not meet guideline recommendations. As such, the request is not medically necessary.

#### **Omeprazole DR 20mg quantity 30 with 2 refills: 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 NSAIDs, GI Symptoms and Cardiovascular Risk, page Page(s): 68.

**Decision rationale:** The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal (GI) events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose Acetylsalicylic acid (ASA)). The injured worker is not over 65 years of age. There is no history of peptic ulcer, GI bleeding or perforation related to use of NSAIDs. The injured worker does not use aspirin, corticosteroids, high dose NSAIDs, or anticoagulants. The

injured worker reported no adverse side effects or gastric disturbances related to taking NSAIDs. As such the request is not medically necessary.

**Orphenadrine ER 100mg quantity 60 with 2 refills:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution and as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Medications are recommended with caution as a second-line option for short-term treatment for 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. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The injured worker has had complaints of muscle spasm related to the low back since 10/18/2013 with no report of relief. Orphenadrine ER is recommended for short-term use of acute pain. The injured worker has been prescribed this medication since at least 04/2014, which exceeds the guideline recommendation for a short course of therapy. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request is not medically necessary.