

Case Number:	CM14-0065574		
Date Assigned:	08/06/2014	Date of Injury:	10/04/2012
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/08/2014

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 Texas. 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 59 year old female who was injured at work on 10/09/2012. She lost control of the box of files she was carrying and injured her mid- back and lower back. She was given off work but later transitioned to modified duty. She was treated with physical therapy and chiropractic care. She has continued to experience low back pain. The examination revealed tenderness and spasms of the lumbar spine, limited range of motion of the lumbar spine, and positive straight leg raise on the left. The injured worker has been diagnosed of Sprains/Strains of the thoracic region; Lumbar sprain/ Strain; Greater Trochanteric bursitis, Anxiety Disorder. Her records reveal she was prescribed Medrox pain relief ointment, Norco 10/325 bid PRN, Ketoprofen 75mg po daily, omeprazole 20mg daily, orphanedrine ER 100mg bid in 09/19/13. In dispute are the requests for Ketoprofen 75mg, #30 (2 Refill; Omeprazole 20mg, #30 (2 Refills), Orphenadrine 100mg, #60 (2 Refills) Cidaflex, #90 (2 Refills): Medrox Pain relief Ointment (2 Refills) and Hydrocodone/APAP 10/325mg, #60 (6 Refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg, #30 (2 Refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Antiinflammatory Drugs Page(s): 68-69.

Decision rationale: The Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain resulting from osteoarthritis; they are not better than acetaminophen in the treatment of chronic back pain. The records reviewed indicate the injured worker has been on this medication since 09/19/13. However, there is no record of benefit. Therefore, the continued use of this drug is not medically necessary and appropriate, as the continued use predisposes the injured worker to several adverse effects without benefit.

Omeprazole 20mg, #30 (2 Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The reports reviewed did not reveal any indication for the use of proton pump inhibitors, like: age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; high dose/multiple NSAID. Furthermore, since there is no more need for Ketoprofen, there is no need for this medication. The request is not medically necessary.

Orphenadrine 100mg, #60 (2 Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Muscle relaxants.

Decision rationale: The Non-sedating muscle relaxants, example, Orphenadrine, are recommended as a second-line option in the short term (less than two weeks) treatment of acute low back pain or short term treatment of acute exacerbations of chronic low back pain. Prolonged use is associated with diminished benefit and dependence. Since the recommended dose is 100mg two times a day, it means the request is more than the recommended duration of less than two weeks. Therefore the request is not medically necessary.

Cidaflex, #90 (2 Refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Glucosamine (and Chondroitin sulfate) Other Medical Treatment Guideline or Medical Evidence: 1. FDA, http://google2.fda.gov/search?q=cidaflex&client=FDAgov&proxystylesheet=FDAgov&output=xml_no_dtd&site=FDAgov&requiredfields=-archive:Yes&sort=date:D:L:d1&filter=1.2. Epocrates online .

Decision rationale: Cidaflex is a combination medication comprising of glucosamine and chondroitin sulfate. Although, this drug is not recognized by the FDA, the MTUS and the Official Disability Guidelines; the Official disability guidelines recommends Glucosamine sulfate alone, for treatment of arthritis involving the knee. The Drug is not medically necessary because it is not a recommended drug by the official guidelines and the FDA, as well as epocrates online.

Medrox Pain relief Ointment (2 Refills): 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 Page(s): 111-113.

Decision rationale: Medrox Pain relief Ointment is a topical analgesic formulation comprising of Methyl Salicylate 20.00%; Capsaicin 0.0375%, and Menthol 5.00%. The first two agents are recommended as an option in the treatment of neuropathic pain that has not responded to antidepressants and anticonvulsants, but the third component, Menthol, is not a recommended topical analgesic. Therefore, the presence of menthol in this formulation makes the compound not medically necessary and appropriate. This is because, the guideline for the use of compound topical analgesic states that any compound that contains one or more agents that is not recommended is not recommended. This request is not medically necessary.

Hydrocodone/APAP 10/325mg, #60 (6 Refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The records reviewed show that this medication has been in use at least since 09/19/2013 without benefit. The MTUS recommends continuing opioids when there is documented evidence of improvement in function and pain; return to work. Since the records reviewed do not show evidence that the injured worker has achieved the above recommendations, the medication is not medically necessary and appropriate.

