

Case Number:	CM14-0075807		
Date Assigned:	07/16/2014	Date of Injury:	03/27/2006
Decision Date:	08/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 49 year old female presenting with chronic pain following a work related injury on 03/27/2006. The claimant was diagnosed with ankle/foot derangement, mononeuritis as well as ankle sprain/strain, and mononeuritis. On 4/23/2014, the physical exam showed edema in the lateral left ankle with decreased range of motion in flexion and dorsiflexion, as well as a tender TFL to palpation with lateral laxity. The provider recommended Medrox ointment, Omeprazole, Orphenadrine, Hydrocodone and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment apply to affected area twice a day with two (2) refills: Upheld

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

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

Decision rationale: Medrox Pain Relief Ointment apply to affected area twice a day with two (2) refills is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded

product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per California MTUS page 111 states that topical analgesics containing NSAIDs, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, compounded topical cream is not medically necessary.

Omeprazole Dr 20mg Capsule take 1 daily Qty 30 with two (2) refills: Upheld

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

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

Decision rationale: Omeprazole Dr 20mg Capsule take 1 daily Qty 30 with two (2) refills is not medically necessary. The California MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, misoprostol, or Cox-2 selective agents has been shown to increase the risk of Hip fractures. The California MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. There is no documentation of gastrointestinal disorder requiring PPI or the use of NSAID associated gastrointestinal disorder. The requested medication is therefore, not medically necessary.

Orphenadrine ER 100mg Tablet take 1 at bedtime Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodics, page(s) Page(s): 67.

Decision rationale: Orphenadrine ER 100mg 1 tablet at bedtime # 30 is not medically necessary. The California MTUS recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Orphenadrine is an anticholinergic drug that is very sedating and is not recommended to combine with other sedating medications; therefore, the requested medication is not medically necessary.

Hydrocodone (Norco) APAP 10/325mg mg tablet take 1 twice daily QTY 60 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: (Norco) APAP 10/325mg mg tablet take 1 twice daily QTY 60 with two (2) refills 10/325 mg is not medically necessary. Per The California MTUS Page 79 of the MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, Norco is not medically necessary.