MAXIMUS Federal Services

Case Number:	CM14-0078533		
Date Assigned:	07/18/2014	Date of Injury:	02/07/2012
Decision Date:	10/31/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 02/07/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar radiculopathy, derangement of joint of the shoulder, and anxiety disorder. Past medical treatment consists of trigger point injections, physical therapy and medication therapy. Medications consist of omeprazole, orphenadrine, Medrox, hydrocodone, and naproxen. The injured worker has undergone x-rays on the right shoulder and lumbosacral spine. On 06/02/2014 the injured worker complained of shoulder and lower back pain. Physical examination revealed anterior shoulder was mildly tender to palpation. Range of motion was restricted. There was a positive impingement sign. Examination of the lumbar spine revealed that paraspinal muscles were tender. Spasm was noted. Range of motion was restricted. Straight leg raise test was positive bilaterally. Sensation was reduced in the left L5 dermatomal distribution. The treatment plan is for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR, 20mg, #30: Upheld

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

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

Decision rationale: The request for omeprazole is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of proton pump inhibitors is also supported for patients taking NSAID medications without cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was noted to be taking naproxen once daily. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of this medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not indicate a frequency or duration for the medication. As such, the request is not medically necessary.

Orphenadrine ER 100mg Tablet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), (Orphenadrine), Page(s): 63-65..

Decision rationale: The request for orphenadrine is not medically necessary. The MTUS Guidelines state that orphenadrine is a non-sedating recommended muscle relaxant 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 lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there was 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 also has no greater side effects. The submitted documentation lacked any quantitative information regarding pain relief. Additionally, the report did not indicate whether the medication above was helping with any functional deficits. Furthermore, it was indicated in the submitted documentation that the injured worker had been taking the medication since at least 06/2014, exceeding recommendations of short term course of therapy. Given the above, the medication is not medically necessary.

Hydrocodone (Norco 5/325mg) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management, Page(s): 75, 78.

Decision rationale: The request for Norco is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. An assessment indicating what pain levels are before, during, and after medication administration should also be submitted for review. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the Norco was helping with any functional deficits. There was no urinalysis or drug screen submitted for review showing that the injured worker was in compliance with medications. Furthermore, there was no assessment submitted for review indicating what pain levels were before, during, and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Medrox Pain Relief Ointment: Upheld

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

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

Decision rationale: The request for Medrox pain relief ointment is not medically necessary. The MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, also, 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 1 drug (or drug class) that is not recommended is not recommended. The requested topical medication consists of methyl salicylate, menthol, and capsaicin. The MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to any 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 0.375% formulation and there was 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 OTC medication or quantified evidence that antidepressants or anticonvulsants have been tried and failed. It was also not noted in the submitted documentation that the medication helped with any functional deficits. Given that the above compound is not within MTUS Guidelines, the request is not medically necessary.