

Case Number:	CM14-0078864		
Date Assigned:	07/18/2014	Date of Injury:	03/26/2013
Decision Date:	08/25/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/29/2014

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 39-year-old female who reported an injury on 03/26/2013 when she slipped on water on a restroom floor and fell forward landing onto her knees. She stated that she landed harder on her right knee. Diagnoses were lumbar radiculopathy, internal derangement of knee not otherwise specified, bursitis not elsewhere classified. Past treatment for the injured worker were several sessions of physical therapy with improvement and acupuncture, and injections to her right knee. The injured worker had X-rays and an MRI of the right knee which indicated discoid medial meniscus without evidence of tear. The injured worker had a second fall on 06/15/2013 when she stated she landed on her right knee. She had another course of physical therapy and continued to do home exercise. The injured worker had a physical examination on 04/17/2014 that revealed paravertebral muscles were tender on the lumbar spine. Spasm was present. Range of motion was restricted. Motor strength and sensation were grossly intact. Deep tendon reflexes were normal and symmetrical. Examination of the knees revealed the medial aspect of the knees was tender bilaterally. The right knee revealed positive crepitus and decreased joint narrowing. McMurray's was positive bilaterally. Range of motion was within functional limits. Medications for the injured worker were Medrox pain relief ointment, ketoprofen 75 mg capsule 1 tablet daily, omeprazole 20 mg 1 tablet daily, and Orphenadrine ER 100 mg 1 twice daily. Treatment plan was for acupuncture and to continue with medications as prescribed. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment 1 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 Topical Analgesics, Salicylate Topicals Page(s): 111, 112, 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e1072b73-6f3d-4cc1-b78d-e5!>

Decision rationale: The request for Medrox pain relief ointment 1 with #2 refills is non-certified. The California Medical Treatment Utilization Schedule states topical analgesics are recommended as an option. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Medrox pain relief ointment contains capsaicin which is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy and post mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase of medication over a 0.025% formulation would provide any further efficacy. Another ingredient in Medrox pain relief ointment is menthol which is a powerful organic compound commonly known as mint in peppermint plants. Menthol helps relieve pain by rubbing on the area and it instantly brings cool, soothing pain relief to aching muscles. Another ingredient of Medrox pain relief ointment is methyl salicylate which is recommended as an option. CA MTUS Guidelines do recommend salicylate topicals. Neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. While methyl salicylate is recommended for chronic pain, capsaicin is not supported by the guidelines. This medication contains 5% menthol which is used for the temporary relief of minor aches, and points of muscles and joints associated with simple backache, arthritis and strains. The request submitted does not indicate a frequency for the medication. It was not noted that the injured worker was getting efficacy from the use of this medication. Therefore, the request is non-certified.

Ketoprofen 75mg, #30, 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 Page(s): 67-68.

Decision rationale: The request for ketoprofen 75 mg quantity 30, two refills is non-certified. Ketoprofen is used to relieve pain, tenderness, swelling, and stiffness caused by osteoarthritis

and rheumatoid arthritis. The California Medical Treatment Utilization Schedule states that non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. There is no evidence to recommend 1 drug class over another based on efficacy. The FDA has concluded that long term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long term effectiveness for pain or function. Efficacy for this medication was not noted. There were no reported objective measureable gains in function or improvement in activities of daily living. The request did not indicate a frequency for the medication. Therefore, the request is non-certified.

Omeprazole DR 20mg, #30, 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(s): 68-69.

Decision rationale: The request for omeprazole 20 mg quantity 30, two refills is non-certified. The California Medical Treatment Utilization Schedule states that non-steroidal anti-inflammatory drugs are recommended with precautions. It should be determined if the patient is at risk for a gastrointestinal events before prescribing a proton pump inhibitor. Determine if the patient is 65 years of age or older; has a history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin; corticosteroids and/or on an anticoagulant; or taking a high dose multiple NSAID. For injured workers at intermediate risk for gastrointestinal events and may have no history of cardiovascular disease and they are taking a nonselective NSAID, a proton pump inhibitor may be considered. The long term use of proton pump inhibitors for over a year has been shown to increase the risk of hip fracture. If a patient is at high risk for gastrointestinal events and taking a COX-2 and they have no cardiovascular disease, a proton pump inhibitor should be considered necessary. For patients at risk for gastrointestinal events and may have a history of cardiovascular disease, the medical guidelines suggest a low dose COX-2 plus a low dose aspirin for cardio protection and a proton pump inhibitor. If cardiovascular risk is greater than gastrointestinal risk, the suggestion is naproxen plus low dose aspirin plus a proton pump inhibitor. It was not noted that the injured worker was having any type of gastrointestinal event or was at risk. The injured worker does not meet the criteria set forth in the guidelines. The request submitted does not indicate a frequency for the medication. Efficacy of the medication was not provided to support continued use. Therefore, the request is non-certified.

Orphenadrine ER 100mg, #60, 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 Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for orphenadrine ER 100 mg quantity 60, 2 refills is non-certified. Orphenadrine is a muscle relaxant. It is also known as Norflex. The California Medical Treatment Utilization Schedule recommends nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers 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 overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. There was no reported improvement in activities of daily living for the injured worker with the use of this medication. The efficacy of this medication was not noted. The medical necessity of the request has not been established. The request does not indicate the frequency for the medication. Therefore, the request is non-certified.