

<b>Case Number:</b>	CM14-0086279		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Medicine 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 35 year old male who is reported to have sustained work related injuries on 08/15/12. No clinical records were submitted for review. The history is derived from prior utilization review determinations. Per utilization review dated 05/19/14, it is reported that the primary treating physician's progress report dated 04/10/14 indicates that the injured worker had no significant improvements since his last examination. He is reported to have persistent back pain and sciatic nerve pain. He is reported to be taking oral medications with some relief. Examination of the lumbar spine reveals tenderness of the paravertebral muscles. There is decreased range of motion with spasms. Straight leg raise is positive on the left. Examination of the right hip reveals tenderness to palpation over the greater trochanter. The provider recommended a psychiatric consultation and medications which included: Medrox, Norco, Omeprazole, Orphenadrine, Ibuprofen, Ketoprofen and Zolpidem. The injured worker was provided work restrictions. It is reported on 05/08/14 that the injured worker continues to have low back pain and sciatic nerve pain. He is reported to have had epidural steroid injection with minor relief. He is reported to have depressive symptoms. Physical examination is unchanged. The record contains a utilization review determination dated 05/19/14 in which requests for Medrox pain relief ointment 2 refills, Hydrocodone/APAP 10/325mg #60 2 refills, Omeprazole DR 20mg #30 2 refills, Orphenadrine ER 100 mg #60 2 refills, Ibuprofen 800mg, Ketoprofen 75mg #30 with 2 refills were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Pain Relief Ointment, 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAID's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-114.

**Decision rationale:** The request for Medrox pain relief ointment with 2 refills is not supported as medically necessary. The submitted clinical record consisted of prior utilization review determinations with no data from the treating provider. The injured worker's injuries are chronic and have largely been treated with oral medications. There is no data presented which indicates that the use of this topical analgesic has resulted in any substantive functional improvements. As such, the request for Medrox pain relief ointment with 2 refills is not medically necessary.

**Hydrocodone/APAP 10/325mg #60, 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

**Decision rationale:** The request for Hydrocodone/APAP 10/325mg #60 with two refills is not supported as medically necessary. No clinical data was submitted for review. There is no information in the record which indicates that the injured worker has a signed pain management contract or undergoes urine drug screening to assess compliance. There is no clinical information establishing that the injured worker receives functional improvements as a result of this medication. As such, the request for Hydrocodone/APAP 10/325mg #60 is not medically necessary.

**Omeprazole DR 20mg #30, 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, PROTON PUMP INHIBITORS.

**Decision rationale:** The request for Omeprazole DR 20mg #30 with 2 refills is medically necessary. The limited record reflects that the injured worker has chronically been maintained on multiple medications. In addition to this, he is chronically receiving non-steroidal anti-inflammatory drugs (NSAIDs). As such, there is ample data to establish the medical necessity for the prophylactic use of Omeprazole in this clinical situation.

**Orphenadrine ER 100mg #60, 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

**Decision rationale:** The request for Orphenadrine ER 100mg #60 with 2 refills is medically necessary. The limited clinical information submitted indicates that the injured worker has evidence of muscle spasm on physical examination for which this medication would be indicated, and as such medical necessity is established.

**Ibuprofen 800mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** The request for Ibuprofen 800mg is medically necessary. The record suggests that the injured worker has chronic inflammation for which the provision of a nonsteroidal anti-inflammatory medication would be clinically indicated. As such, medical necessity is established.

**Ketoprofen 75mg #30, 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** The request for Ketoprofen 75mg #30 with 2 refills is not supported as medically necessary. Based upon the limited clinical record, the injured worker has been approved for ibuprofen 800 mg. The provision of Ketoprofen 75mg represents a redundant prescription for a nonsteroidal anti-inflammatory medication, and therefore, the request for Ketoprofen 75mg #30 with 2 refills not medically necessary.