

Case Number:	CM14-0089978		
Date Assigned:	07/23/2014	Date of Injury:	07/18/2012
Decision Date:	08/28/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 patient is a 42-year-old male who has submitted a claim for postlaminectomy syndrome of cervical region, brachial neuritis or radiculitis, associated with an industrial injury date of July 18, 2012. The latest progress report, dated 07/08/2014, showed neck and bilateral shoulder pain. The pain was scored 5/10. It was characterized as aching and stabbing. The pain radiates to the neck. A recent physical examination, dated 04/22/2013, showed diminished range of motion of the cervical spine, no motor weakness and normal gait. There was tenderness over the paravertebrals and trapezius bilaterally; there was decreased sensation over bilateral ulnar distribution and the patient has a past medical history of hypertension. The treatment to date has included cervical laminectomy, physical therapy and medications such as Naprosyn, Pantoprazole, Medrox cream and Orphenadrine which were prescribed in May 2014. A utilization review from 05/16/2014 denied the request for the purchase of Naprosyn 550mg #60 because the guidelines did not recommend NSAIDs for patients with hypertension which was evident on the provider's notes. The request for Medrox cream 120gm #1 was denied because they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants which was not documented in this case. The request for Orphenadrine 100mg #60 was denied because there were no documented muscle spasms on the physical exam. There was no documented functional improvement from its previous use. The request was modified from Pantoprazole 20mg #60 to Pantoprazole 20mg #30 because the patient was currently being prescribed NSAIDs which carried an inherent risk of subsequent GI issues. The medical necessity for this GI protective medication has been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mgQTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: According to page 69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. They may cause fluid retention, edema, and rarely, congestive heart failure. The risk appears to be higher in patients with congestive heart failure, kidney disease or liver disease. In this case, the patient was prescribed Naprosyn since May 2014. However, the patient has a past medical history of hypertension which is a relative contraindication for the use of NSAIDs. There was no discussion concerning methods on how to minimize possible adverse effects brought by NSAIDs to his concomitant cardiovascular disorder. The medical necessity was not established. Therefore, the request for purchase of Naprosyn 550mg #60 is not medically necessary.

Medrox Cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylate Topicals.

Decision rationale: Medrox ointment is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. Pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, certain component of this compound, i.e., 0.0375% Capsaicin is not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. Moreover the frequency of usage and quantity to be dispensed were not specified. Therefore, the request for purchase of Medrox ointment 120gm is not medically necessary.

Orphenadrine 100mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Page 63 to 66 of the California MTUS Chronic Pain Medical Treatment Guidelines states that non-sedating muscle relaxants are recommended 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. The effects of Orphenadrine are thought to be secondary to analgesic and anticholinergic properties. In this case, Orphenadrine was prescribed May 2014. However, recent progress reports failed to document presence of muscle spasm that may warrant its use. The medical necessity was not established. Therefore, the request for the purchase of Orphenadrine 100mg #60 is not medically necessary.

Pantoprazole 20mg QTY: 60.00: Upheld

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

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

Decision rationale: According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (1) Age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. In this case, patient is on Pantoprazole prescribed May 2014; however, medical records do not reveal any gastrointestinal risk factors as stated above. There is likewise no complaint of gastrointestinal distress which may necessitate a proton pump inhibitor. Therefore, the request for purchase of Pantoprazole 20mg #60 is not medically necessary.