

Case Number:	CM14-0098094		
Date Assigned:	07/28/2014	Date of Injury:	09/12/2011
Decision Date:	10/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family 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 46 year old female injured on 09/12/11 sustaining injury to her neck. The mechanism of injury is not documented in the clinical notes submitted for review. Current diagnoses include cervical sprain, derangement of the shoulder joint, carpal tunnel syndrome, and anxiety state not otherwise specified. The clinical note dated 04/17/14 indicated that the injured worker presents with acute exacerbation of her neck pain. Examination of the cervical spine revealed paravertebral muscle tenderness to palpation. Range of motion is restricted. Motor strength and sensation are grossly intact. Deep tendon reflexes are normal and symmetrical. Examination of the shoulders revealed range of motion improved by approximately 20%. Examination of the bilateral hands revealed grip strength is reduced bilaterally. Sensation is reduced in the bilateral hands. Tinel's and Phalen's tests are positive. Bilateral lateral elbows are tender to palpation. Medications include Alprazolam 0.5mg, Venlafaxine XR 75mg, and Temazepam 15mg. The previous requests for Omeprazole 20mg #30 2 refills, Orphenadrine 100mg #60 with 2 refills, Hydrocodone/Acetaminophen 5/750mg #60 1 refill, Medrox pain relief ointment, and Ketoprofen 75mg #60 were non-certified on 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 and 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & 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), online version, Pain (Chronic), Proton Pump Inhibitors (PPI)

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole 20mg #30 and 2 refills cannot be established as medically necessary.

Orphenadrine 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, muscle relaxants, Orphenadrine

Decision rationale: As per current evidenced based guidelines muscle relaxants are non-sedating muscle relaxants that are recommended with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP (low back pain) and for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependency. As such, the request for Orphenadrine 100mg #60 with 2 refills cannot be recommended as medical necessary.

Hydrocodone APAP 7.5mg-750 mg #60 and 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 -94.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or

without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Further, as of January 2014, the FDA recommends health care professionals discontinue prescribing and dispensing prescription combination drug products with more than 325 mg of acetaminophen to reduce the risk of severe liver injury from inadvertent acetaminophen overdose. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Hydrocodone/APAP 7.5/750mg #60 and 1 refill cannot be established at this time.

Medrox pain relief ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/medrox-rx-ointment.html>, Medrox-Rx Ointment

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound Medrox pain relief ointment is not medically necessary.

Ketoprofen 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 67-72.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, NSAIDs are not recommended as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy and issued warnings about the potential for elevation in liver function tests during treatment. As such, the request for Ketoprofen 75mg #60 is not medically necessary.