

Case Number:	CM14-0112636		
Date Assigned:	08/01/2014	Date of Injury:	03/07/2007
Decision Date:	01/05/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/18/2014

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 & Rehabilitation, 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 41 year-old male, who was injured on March 7, 2007, while performing regular work duties. The mechanism of injury is not noted in the provided records. The records state the injured worker continues to have left knee and back pain, and is doing regular work, and reports of worsening pain. The records indicate a restricted range of motion, tenderness, and a reduction in sensation in the back. A magnetic resonance imaging of the lumbar spine is mentioned in the records that indicated a disc bulge with severe foraminal stenosis. The date of the magnetic resonance imaging is unknown. Treatment of the injured worker consisted of medications. The treatment plan included requests for acupuncture, and epidural injections. The records indicate that the requests for acupuncture therapy, and epidural injections are awaiting authorization. The Utilization Review of June 24, 2014, indicates a denial of the acupuncture request, however does not indicate the rationale. The records indicate the requested medications have been in use prior to February 25, 2014, and do not indicate the exact length of time the requested medications have been in use, or the efficacy of them. The request for authorization is for Orphenadrine ER 100 mg, #60 with two refills; Hydrocodone 10-325 #120 with two refills; Zolpidem Tartrate #30 with 15 refills; Medrox ointment #120 with two refills; and Naproxen Sodium 550 mg #30 with two refills. The primary diagnosis is degeneration of cervical intervertebral disc. Associated diagnoses are lumbar radiculopathy, and bilateral knee internal derangement, status post bilateral knee arthroscopy. On June 24, 2014, Utilization Review provided a modified certification of the following: Orphenadrine #60 for weaning, no refills; Hydrocodone 10-325 #120, for weaning, no refills; and non-certification of Zolpidem Tartrate, Medrox ointment, and Naproxen Sodium, per MTUS and ODG guidelines. The Utilization Review cited the following as rationale for determination: Regarding Omeprazole, there is no indication there is a gastrointestinal disorder, and prophylactic use of this medication increases

gastrointestinal bleeding risk. Regarding Orphenadrine ER, guidelines do not recommend muscle relaxants to be taken on a regularly scheduled basis. Regarding Hydrocodone 10-325, there is no indication of random urine drug screening, or narcotic contract with the injured worker and no indication is given of a decrease in pain with this medication. Regarding Zolpidem Tartrate, it is not recommended to be taken on a routine basis. Regarding Medrox ointment, it is not recommended because it contains capsaicin. Regarding Naproxen Sodium, it is not recommended for long term use because of potential harmful impact on the kidneys.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 Refills 2: Upheld

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

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

Decision rationale: Regarding the request for Orphenadrine ER, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, a progress note dating on 4/8/2014 indicated that patient has no significant improvement of lower back pain and bilateral knee pain despite taking current medications. There is no identification of a specific analgesic benefit or objective functional improvement as a result of taking Orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, as this patient has been on this medication for more than 3 months according to the records provided. Therefore, the currently requested Orphenadrine is not medically necessary.

Hydrocodone 10-325 mg #120, Refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Norco (Hydrocodone/Acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. On a progress note dating on 6/17/2014, there is documentation that the medications the patient is currently taking are the only things that allow him to function and

perform his activities of daily living. However, the documentation does not specifically state that Norco is improving the patient's function or pain. Furthermore, there is no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (Hydrocodone/Acetaminophen) is not medically necessary.

Omeprazole DR 20 mg #30 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI and Cardiovascular risk factors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the patient has been prescribed omeprazole from 4/8/2014 to 6/17/2014. There is no indication that the patient has complaints of dyspepsia secondary to NSAID use within the progress notes provided, or have another indication for this medication. Therefore, the currently requested omeprazole (Prilosec) is not medically necessary.

Zolpidem Tartrate #30 Refills 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Insomnia, Mental Chapter.

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

Decision rationale: Within the documentation available for review, dating from 4/8/2014 to 6/17/2014, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Zolpidem (Ambien) is not medically necessary.

Medrox ointment #120 Refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Medrox is a compounded topical medication consisting of methyl salicylate, menthol, and Capsaicin 0.0375%. The Chronic Pain Medical Treatment Guidelines on page 111 states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. With regard to Capsaicin, the Chronic Pain Medical Treatment Guidelines states on pages 28-29: "Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic 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 over a 0.025% formulation would provide any further efficacy." Given this recommendation against 0.0375% strength of Capsaicin, the Medrox is not medically necessary.

Naproxen Sodium 550 mg #30 Refills 2: Upheld

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

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

Decision rationale: The provided document dating from 4/8/2014 to 6/17/2014 indicates that the patient has had 3 refills of Naproxen thus far. On a progress note dating on 6/17/2014, there is documentation that the medications the patient is currently taking are the only things that allow him to function and perform his activities of daily living. However, the documentation does not specifically state that Naproxen versus other medications he was taking, such as Norco and Orphenadrine, is improving the patient's function or pain. In addition, there are no specific examples of functional improvement and percent reduction in pain or reduced NRS. Therefore, Naproxen is not medically necessary.