

Case Number:	CM14-0187243		
Date Assigned:	11/17/2014	Date of Injury:	08/14/2014
Decision Date:	01/06/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 Interventional Spine 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:

This patient is a 44-year-old female with the date of entry of August 14, 2014. List of diagnosis is cervical sprain. According to Initial Comprehensive Report from August 28, 2014, the patient presents with constant neck pain that radiates to the upper back and shoulders with associated headaches. She reports experiencing persistent sleep problems and continues to feel worried, depressed and anxious due to her overall condition. Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles and muscle spasms noted. Sensory was decreased in the left-hand and range of motion was noted as "restricted." The treating physician recommended physical therapy, psychological evaluation, EMG/NCS of the bilateral upper extremities, MRI of cervical spine and medications. The utilization review denied the requests on October 9, 2014. The medical file provided for review includes this one initial comprehensive report dated August 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

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

Decision rationale: This patient presents with a cervical sprain. The current request is for Medrox pain relief ointment with two refills. Medrox ointment is a compound topical analgesic with active ingredients of Methyl Salicylate 20%, Menthol 5% and Capsaicin .0375%. The MTUS guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that no studies have been performed on Capsaicin .0375% formulation and there is no indication that the increase over a .025% formulation would provide further efficacy. The MTUS guidelines do not support the usage of Capsaicin .0375% formulation. Furthermore, Salicylate topical, an NSAID, is supported for peripheral joint arthritic and tendinitis type of problems only. This patient presents with neck pain for which topical NSAID is not indicated. Recommendation is for denial.

Omeprazole DR 20 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory and Gastrointestinal (GI) Symptoms Section Page(.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with a cervical sprain. The current request is for Omeprazole DR. 20mg, thirty count. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The treating physician has recommended Naproxen and Omeprazole. The utilization review authorized Naproxen and denied the request for Omeprazole due to lack of discussion of gastrointestinal issues. In this case, the patient is not over 65 years old and no other risk factors are present. The treating physician does not mention if the patient has GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS and routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines. Recommendation is for denial.

Orphenadrine ER 100 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: This patient presents with a cervical sprain. The current request is for Orphenadrine ER 100mg, sixty count with two refills. ACOEM guidelines p47 states, "Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal

problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics... They may hinder return to function by reducing the patient's motivation or ability to increase activity." Regarding Orphenadrine, MTUS page 64 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. Given that the treater has prescribed this medication for longer than the recommended 2-3 weeks, recommendation is for denial.

Tramadol HCL 50 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with a cervical sprain. The current request is for Tramadol HCL 50mg, sixty count with two refills. The Utilization review denied the request stating, "Medical records and guidelines do not support an indication or probable benefit from this treatment." This patient has a date of injury of 8/14/14 and the requesting physician provided initial treatment for his patient on 8/28/14. It appears that this is an initial request for Tramadol. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show any history of any prior opiate use. Given the patient's recent injury, a short course of opioids is reasonable to determine its efficacy in terms of pain relief and functional improvement. However, the treater does not provide baseline pain or functional assessments to necessitate a start of a new opioid. In addition, the treater is requesting an initial trial of #60 with 2 refills without allowing for time to provide pain assessments and outcome measures. Recommendation is for denial.