MAXIMUS Federal Services

Case Number:	CM14-0191561		
Date Assigned:	11/26/2014	Date of Injury:	12/20/2011
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 32-year-old male with a 12/20/11 date of injury, when he was pushing a car and felt pain in his lower back. The patient was seen on 9/24/14 with complaints of pain in the lower back radiating to the right upper leg and right knee. Exam findings revealed spasm and tenderness of the lumbar paraspinal muscles, decreased sensation in the right L5 dermatomal distribution and positive right SLR test. There was tenderness to palpation over the right greater trochanter and the range of motion of the right hip was reduced. The diagnosis is lumbar radiculopathy and cervicocranial syndrome. Treatment to date: work restrictions, chiropractic treatment, PT, muscle relaxants, and medications. An adverse determination was received on 10/31/14. The request for Docusate Sodium 100mg #90 with 2 refills was modified to for Docusate Sodium 100mg #90 with no refills. The requests for Hydrocodone/APAP 10/325mg #90 with 2 refills and Orphenadrine ER 100mg #60 with 2 refills were denied, however 1 month supply was allowed for weaning. The request for Capsaicin 0.1% cream with 2 refills was denied. However, the determination letter was not available fro the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100mg #90 with 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 Initiating Opioid Therapy Page(s): 77. Decision based on Non-MTUS Citation FDA (Docusate)

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. However, there is a lack of documentation indicating that the patient suffered from constipation due to use of opioids. In addition, there is no rationale indicating the necessity for a 2 months supply of Docusate for the patient. Lastly, the UR decision dated 10/31/14 modified the request for Docusate Sodium 100mg #90 with 2 refills was to 1 prescription of Docusate Sodium 100mg #90 with no refills. Therefore, the request for Docusate Sodium 100mg #90 with 2 refills was not medically necessary.

Hydrocodone/APAP 10/325mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the recent UDS test was not available for the review. Lastly, the UR decision dated 10/31/14 allowed 1-month supply of Hydrocodone/APAP 10/325mg for purpose of weaning. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone/APAP 10/325mg #90 with 2 refills was not medically necessary.

Capsaocom 0.1% cream with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28-29.

Decision rationale: CA MTUS states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin

has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. However, there is a lack of documentation indicting subjective and objective functional gains from prior use of capsaicin cream. In addition, there is a lack of documentation with regards to the patient's intolerance to other treatments. Therefore, the request for Capsaicin 0.1% cream with 2 refills was not medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there is a lack of documentation indicting subjective and objective functional gains from prior use of this muscle relaxant. In addition, there is no rationale indicating necessity for an extended treatment with muscle relaxant for the patient. Additionally, the Guidelines do not support long-term of muscle relaxants. Lastly, the UR decision dated 10/31/14 allowed 1-month supply of Orphenadrine ER 100mg for purpose of weaning. Therefore, the request for Orphenadrine ER 100mg #60 with 2 refills was not medically necessary.