

Case Number:	CM14-0200943		
Date Assigned:	12/11/2014	Date of Injury:	11/02/2013
Decision Date:	01/31/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 injured worker is a 34 year old female with a date of injury of November 2, 2013 when she sustained injuries when a car ran into the building where she was working in, hitting the counter and pushing into her hips. Results of the injury include left leg pain. Diagnosis include cervical sprain, enthesopathy of the hip, and anxiety state not otherwise specified. Treatment has included psychiatry and acupuncture treatments as well as chronic pain medications. Evaluation on 8/20/14 with physical medicine she reports no significant improvement and continues to have neck pain as well as left hip and leg pain. She reports not getting any medications or therapy for her pain. She reports worsening of pain since her medications have not been approved. On physical exam there is spasm and tenderness on palpation of her cervical spine and tenderness at left hip. Plan is to continue with medications and acupuncture. According to 10/29/2014 clinic note with treating provider, there is no significant improvement since the last visit. She continues to undergo acupuncture which she states is helpful. She continues to take medication for pain which allows her to function. On physical exam para-vertebral muscles of the cervical spine were tender. Spasm was present. Range of motion was restricted. Left hip showed the greater trochanter was tender to palpation. Range of motion was decreased in flexion and abduction. Work status was noted as temporary total disability. Treatment plan was to refill omeprazole, Orphenadrine, capsaicin, naproxen, acupuncture, and follow up with psychiatry. Utilization review form dated November 6, 2014 non certified Omeprazole DR 20mg capsules with 2 refills, Orphenadrine ER 100mg tablet with 2 refills, and Capsaicin 0.025% cream with 2 refills due to noncompliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg capsules with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 72.

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

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record, the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. Considering lack of documented necessity, the medication does not appear to be clinically necessary at this time.

Orphenadrine ER 100mg tablet with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67.

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

Decision rationale: Muscle relaxants such as Orphenadrine are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines Orphenadrine provides no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently continued long-term chronic use of Orphenadrine is not clinically necessary at this time.

Capsaicin 0.025% cream with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety". Use of topical agents is only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective. There is nothing noted in the provided clinic record that

the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. The provided medical records do not adequately report the clinical indication of capsaicin. Additionally, the cited guidelines state that capsaicin cream has "moderate to poor efficacy". Consequently continued use of the above listed compounded agent is not supported at this time.