MAXIMUS Federal Services

Case Number:	CM14-0027489		
Date Assigned:	06/13/2014	Date of Injury:	07/19/2013
Decision Date:	01/05/2015	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 58-year-old female who has submitted a claim for lumbar radiculopathy, left fifth metatarsal fracture, left knee internal derangement and left fifth digit contusion associated with an industrial injury date of 7/19/2013. Medical records from 2013 were reviewed. The patient complained of left foot pain and low back pain associated with numbness and tingling sensation to the lower extremities. Physical examination showed tender left fifth metatarsal with deformity noted at the left foot metatarsal head. Examination of the lumbar spine showed spasm, tenderness and limited motion. Motor strength and reflexes were intact. Electrodiagnostic study showed absence of entrapment neuropathy or acute radiculopathy. Treatment to date has included Norco, Orphenadrine, Omeprazole and Medrox ointment since November 2013. The utilization review from 2/21/2014 modified the request for Hydrocodone (Norco) 5/325 mg, #60 into #30 for the purpose of weaning because of no supporting evidence of objective functional benefit with medication use; denied Omeprazole DR 20mg, #30 because of absence of gastrointestinal risk factors; denied Orphenadrine ER 100mg, #60 because long-term use was not recommended; and denied Medrox pain relief ointment because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) 5/325mg #60: Upheld

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

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

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since November 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone (Norco) 5/325 MG #60 is not medically necessary.

Omeprazole DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Omeprazole since November 2013. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Omeprazole DR 20 mg #30 is not medically necessary.

Orphenadrine ER 100mg #60: Upheld

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

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

Decision rationale: According to page 63 of the California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a

second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Orphenadrine since November 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. Although spasm is still evidence on the most recent examination, long-term use of muscle relaxant is not recommended. Therefore, the request for Orphenadrine ER 100 mg #60 is not medically necessary.

Medrox Pain Relief Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Topical Analgesics Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Medrox ointment is a compounded medication that includes 5% Methyl Salicylate, 20% Menthol, and 0.0375% Capsaicin. Pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, the California MTUS does not cite specific provisions, but the Official Disability Guidelines Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that Capsaicin in a 0.0375% formulation is not recommended for topical applications. Moreover, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Capsaicin in 0.0375% formulation which is not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Moreover, there is no evidence of intolerance or failure of oral medications to warrant its use. Therefore, the request for Medrox pain relief ointment is not medically necessary.