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| Case Number: | CM14-0085684 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 12/20/2011 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 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:

The patient is a 31-year-old male with a date of injury of 12/20/2011. According to progress report from 04/30/2014, the patient presents with severe pain in his lower back that radiates to his right hip and upper leg. He also notes weakness in his right leg. Examination of the lumbar spine revealed paraspinal muscle tenderness, and muscle spasms are present. Range of motion is restricted and sensation is reduced in the right L5 dermatome distribution. Straight leg raising test is positive on the right side. Examination of the right hip revealed tenderness to palpation in the greater trochanter and range of motion is reduced in flexion and abduction. The listed diagnoses are: 1) Lumbar radiculopathy, 2) Cervical cranial syndrome. Treatment plan is for refill of current medications which includes Medrox ointment, omeprazole DR 20 mg, naproxen sodium 550 mg, orphenadrine 100 mg, docusate sodium 100 mg, and Norco 10/325 mg. The patient is on temporary total disability for 6 weeks. The Utilization Review denied the request on 05/20/2014. Treatment reports from 12/04/2013 through 03/05/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED medrox ointment #1: 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 Analgesics Page(s): 111, 113.

Decision rationale: This injured worker presents with chronic low back pain that radiates to the right hip and upper leg. The current request is for Medrox ointment. 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 injured worker presents with neck and low back pain for which topical NSAID is not indicated. This request is not medically necessary.

Omeprazole Dr 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Gastrointestinal Symptoms Page(s): Page 68.

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

Decision rationale: This injured worker presents with chronic low back pain that radiates to the right hip and upper leg. The current request is for omeprazole DR 20 mg #30. 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. Review of the medical file indicates the injured worker has been utilizing omeprazole 20 mg #30. The treating physician has requested Naproxen for the patient's continued pain. The injured worker has been prescribed a NSAID, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request is not medically necessary.

Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non- Steroidal Anti Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: This injured worker presents with chronic low back pain that radiates into the right hip and upper/lower leg. The current request is for naproxen sodium 550 mg #60. The

Utilization Review denied the request stating that the injured worker has chronic pain from an injury sustained in 2011. Although medical records "do not clearly establish when this medication was started or duration of treatment" long-term use of NSAID is not recommended. In this case, review of medical records between 12/04/2013 through 04/30/2014 provides no discussion regarding Naproxen. MTUS Guidelines page 22 regarding anti-inflammatory medications states that anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume. Long-term use may not be warranted. This appears to be an initial request for Naproxen, and given the injured workers continued pain, the request is medically necessary.