

Case Number:	CM15-0003027		
Date Assigned:	01/14/2015	Date of Injury:	06/27/2014
Decision Date:	03/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported injury on 06/27/2014. The mechanism of injury was the injured worker was walking up some stairs and felt pain in his ankle. Prior therapies included physical therapy and a brace. The surgical history was stated to be none. The documentation of 11/25/2014 revealed the injured worker had a worsening of symptoms since the last examination. The injured worker indicated there had been a new injury at work. The physical examination revealed the injured worker had spasms in the paraspinal muscles and there was tenderness to palpation of the paraspinal muscles. Sensation was reduced over the bilateral median nerve dermatomal distribution. Range of motion was restricted in the cervical spine. The injured worker had a positive Tinel's on the right and left. The physical examination of the lumbar spine revealed spasms in the paraspinal muscles and tenderness to palpation of the paraspinal muscles. There was reduced sensation in the bilateral L5 dermatomes. Range of motion was decreased. The diagnoses included cervical sprain, sprains and strains of the wrist, and internal derangement of the ankle and foot. The injured worker was to continue taking medications as before and be provided for TENS unit supplies, as well as continue physical therapy. The medications included omeprazole DR 20 mg 1 daily, naproxen sodium 550 mg 1 twice daily, orphenadrine ER 1 tablet at bedtime, ketoprofen 75 mg capsules 1 daily, and Medrox pain relief ointment apply to affected area twice a day and TENS unit supplies. Medications were noted to be taken since at least 08/2014. There was a Request for Authorization submitted for review dated 11/25/2014 for the requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation indicating a necessity for 180 tablets, as the prescription was noted to be written for 1 tablet twice a day. Given the above, the request for naproxen sodium 550 #180 is not medically necessary.

Orphenadrine ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. Additionally, the documentation indicated the injured worker was to take 1 at bedtime, which would not support the quantity of 90 for a 1 month supply. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for orphenadrine ER 100 mg #90 is not medically necessary.

Medrox pain relief ointment 120gm #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Topical Capsaicin Page(s): 105; 111; 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medrox Online Package Insert

Decision rationale: The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety "are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of anticonvulsants and antidepressants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the injured worker was noted to be utilizing the Medrox since at least 4 months. There was a lack of documented efficacy. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency and the body part to be treated. There was a lack of documentation indicating a necessity for 3 tubes of the medication. Given the above, the request for Medrox pain relief ointment 120 g #3 is not medically necessary.

TENS supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back and Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114 - 116.

Decision rationale: The California Medical Treatment & Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide a rationale for the necessity for the TENS supplies. Additionally, there was a lack of documentation of objective functional benefit and an objective decrease in pain with the use of the TENS unit. The request as submitted failed to indicate the quantity of supplies being requested. Given the above and the lack of documentation, the request for TENS supplies is not medically necessary.

