

Case Number:	CM15-0006059		
Date Assigned:	01/26/2015	Date of Injury:	08/18/2011
Decision Date:	04/21/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 61 year old female, who sustained an industrial injury on 08/18/2011. She has reported low back pain. The diagnoses have included lumbar radiculopathy. Treatment to date has included medications and activity modification. Medications have included Omeprazole, Orphenadrine ER, Hydrocodone/APAP, Naproxen Sodium, and Medrox Pain Relief Ointment. A progress noted from the treating physician, dated 10/23/2014, documented a follow-up visit with the injured worker. The injured worker reported significant low back pain with no significant improvement since the last exam, and has not had any recent therapy. Objective findings included tenderness to the paravertebral muscles; lightest touch in the back produces significant pain; reduced sensation in the bilateral S1 dermatomal distribution; and positive straight-leg-raising test bilaterally. The treatment plan has included prescriptions for medications including Omeprazole, Orphenadrine ER, Hydrocodone/APAP, Naproxen Sodium, and Medrox Pain Relief Ointment; recommendation for physical therapy for three times a week for four weeks for the low back; modified work status; and follow-up evaluation in 12 weeks. On 12/10/2014 Utilization Review noncertified a prescription of Omeprazole 20 mg #30, with 2 refills; Orphenadrine ER 100 mg #60, with 2 refills; Medrox Pain Relief Ointment 240 gm, with 2 refills; Hydrocodone/APAP 10/325 mg #60, with 2 refills; and Physical Therapy 3x4 Lumbar Spine. Utilization Review modified a prescription of Naproxen Sodium 550 mg #30, with 2 refills, to Naproxen Sodium 550 mg #30, without refills. The CA MTUS: Chronic Pain Medical Treatment Guidelines and the ODG were cited. On 12/17/2014, the injured worker submitted an application for IMR for review of a prescription of Omeprazole 20 mg #30, with 2 refills;

Orphenadrine ER 100 mg #60, with 2 refills; Medrox Pain Relief Ointment 240 gm, with 2 refills; Hydrocodone-APAP 10/325 mg #60, with 2 refills; Naproxen Sodium 550 mg #30, with 2 refills; and Physical Therapy 3x4 Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Use of a PPI (proton pump inhibitor) is to be determined based on risk of adverse GI events. The IW is not noted to have any factors which would put him at elevated risk of a GI event. The medication is not medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. It is noted that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The IW is noted to be on an NSAID and that the muscle relaxant is to be taken twice daily regularly. The request is not medically necessary and appropriate.

Medrox pain relief ointment 240gm x2 refills: Upheld

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

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

Decision rationale: Medrox is indicated for temporary relief of minor aches and pains of the muscles and joints associated with simple arthritis, sprains, bruises and simple backache. The components of Medrox ointment are capsaicin, mentol and methyl salicylate. Per MTUS

capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no notation of previous treatments that the IW did not tolerate. Additionally, the IW has a diagnosis of lumbar radiculopathy, which is not an indication for use of Medrox ointment. This request is not medically necessary.

Hydrocodone/APAP 10/325mg #60 with 2 refills: Upheld

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

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

Decision rationale: The IW is documented to be on a combination opioid for pain relief. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary.

Naproxen Sodium 550mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: According to MTUS guidelines, NSAID's are recommended as an option for short-term symptomatic relief of chronic low back pain. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the MTUS and ODG guidelines, NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. According to the progress notes provided, the IW was on Naproxen with a diagnosis of lumbar radiculopathy. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This request is not medically necessary.

Physical Therapy 3x4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: Physical therapy is recommended by MTUS for chronic pain if caused by musculoskeletal conditions. With regards to the low back it is recommended as an option. There are specific guidelines depending on where in the natural course of the illness the IW may be at the time of referral. There is little information regarding previous treatments and possible history of physical therapy, duration and response. This request is not medically necessary.