

Case Number:	CM15-0017154		
Date Assigned:	02/03/2015	Date of Injury:	12/17/2010
Decision Date:	04/02/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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
 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 49 year old female, who sustained an industrial injury on 12/17/2010. The current diagnoses are cervical sprain, internal derangement of the knee, lumbar radiculopathy, anxiety, and status post left knee arthroscopy (4/8/2011). Currently, the injured worker complains of left knee, neck, upper and lower back pain. Treatment to date has included medications, physical therapy and surgery. The treating physician is requesting Medrox Ointment, Omeprazole 20 MG #30, Hydrocodone (Norco) 5/325 MG #60 with 3 refills, Orphenadrine ER 100 MG #60 with 3 refills, and Ketoprofen 75 MG #60, which is now under review. On 12/31/2014, Utilization Review had non-certified a request for Medrox Ointment, Omeprazole 20 MG #30, Hydrocodone (Norco) 5/325 MG #60, Orphenadrine ER 100 MG #60, and Ketoprofen 75 MG #60. The Hydrocodone and Orphenadrine ER were modified to no refills to initiate downward titration and complete discontinuation. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Ointment 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 Topical analgesic Capsaicin Page(s): 111-113, 29.

Decision rationale: Based on the 12/03/14 progress report provided by treating physician, the patient presents with pain to the left knee, lower back, upper back and neck. The request is for MEDROX OINTMENT WITH 2 REFILLS. The patient is status post left knee arthroscopy 04/08/11. Patient's diagnosis per Request for Authorization form dated 12/03/14 includes cervical sprain; internal derangement of knee NOS, postsurgical status NEC, anxiety disorder NOS, and lumbar radiculopathy. Patients medications include Medrox ointment, Omeprazole, Norco, Orphenadrine and Ketoprofen. Per progress report dated 08/13/14, patient has not worked since March 2011. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS Guidelines, pages 28-29 states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. 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. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful -alone or in conjunction with other modalities- in patients whose pain has not been controlled successfully with conventional therapy." Treater has not provided reason for the request. There is no record of impact on pain and function from using this topical. Medrox ointment is a compound topical analgesic with active ingredients of Methyl Salicylate 20%, Menthol 5% and Capsaicin .0375%. 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. MTUS also states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The usage of Capsaicin .0375% formulation is not supported by guidelines. Therefore, the request IS NOT medically necessary.

Omeprazole 20 MG #30: Overturned

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

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

Decision rationale: Based on the 12/03/14 progress report provided by treating physician, the patient presents with pain to the left knee, lower back, upper back and neck. The request is for

OMEPRAZOLE 20MG #30. The patient is status post left knee arthroscopy 04/08/11. Patient's diagnosis per Request for Authorization form dated 12/03/14 includes cervical sprain; internal derangement of knee NOS, postsurgical status NEC, anxiety disorder NOS, and lumbar radiculopathy. Patients medications include Medrox ointment, Omeprazole, Norco, Orphenadrine and Ketoprofen. Per progress report dated 08/13/14, patient has not worked since March 2011. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole has been prescribed in treater reports dated 03/21/14, 06/04/14 and 12/03/14. The patient has a diagnosis of acid reflux per progress report dated 08/13/14, and treater states "from an internal medicine perspective, the patient is precluded from stressful job duties which can potentially aggravate her gastrointestinal complaints and sleep disorder... and should be afforded GI and sleep followup testing..." The patient is on NSAID therapy, and MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. The request appears reasonable and is accordance with guidelines. Therefore, the request IS medically necessary.

Hydrocodone (Norco) 5/325 MG #60 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 12/03/14 progress report provided by treating physician, the patient presents with pain to the left knee, lower back, upper back and neck. The request is for HYDROCODONE (NORCO) 5/325MG #60 WITH 3 REFILLS. The patient is status post left knee arthroscopy 04/08/11. Patient's diagnosis per Request for Authorization form dated 12/03/14 includes cervical sprain; internal derangement of knee NOS, postsurgical status NEC, anxiety disorder NOS, and lumbar radiculopathy. Patients medications include Medrox ointment, Omeprazole, Norco, Orphenadrine and Ketoprofen, per treater report dated 12/03/14. Per progress report dated 08/13/14, patient has not worked since March 2011. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Orphenadrine ER 100 MG #60 with 3 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 Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: Based on the 12/03/14 progress report provided by treating physician, the patient presents with pain to the left knee, lower back, upper back and neck. The request is for ORPHENADRINE ER 100 MG #60 WITH 3 REFILLS. The patient is status post left knee arthroscopy 04/08/11. Patient's diagnosis per Request for Authorization form dated 12/03/14 includes cervical sprain; internal derangement of knee NOS, postsurgical status NEC, anxiety disorder NOS, and lumbar radiculopathy. Patients medications include Medrox ointment, Omeprazole, Norco, Orphenadrine and Ketoprofen. Per progress report dated 08/13/14, patient has not worked since March 2011. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS:Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treater has not provided reason for the request. Given patient's diagnosis, muscle relaxant would be indicated. However, guidelines do not indicate prolonged use of this medication due to diminished effect, dependence, and reported abuse. Orphenadrine been prescribed at least since 12/03/14, which is 4 weeks from UR date of 12/31/14. Furthermore, the request for quantity 60 with 3 refills does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.

Ketoprofen 75 MG #60 with 2 Refills: Overturned

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

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

Decision rationale: Based on the 12/03/14 progress report provided by treating physician, the patient presents with pain to the left knee, lower back, upper back and neck. The request is for KETOPROFEN 75 MG #60 WITH 2 REFILLS. The patient is status post left knee arthroscopy 04/08/11. Patient's diagnosis per Request for Authorization form dated 12/03/14 includes cervical sprain; internal derangement of knee NOS, postsurgical status NEC, anxiety disorder NOS, and lumbar radiculopathy. Patients medications include Medrox ointment, Omeprazole, Norco, Orphenadrine and Ketoprofen. Per progress report dated 08/13/14, patient has not worked since March 2011. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. Ketoprofen is included in patient' medications, per treater report dated 12/03/14. It appears Ketoprofen is being initiated. Given patient's continued pain and diagnosis, the request for Ketoprofen appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.