

<b>Case Number:</b>	CM15-0199839		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/02/2007
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 53 year old male, who sustained an industrial injury on January 2, 2007, incurring upper and lower back injuries. He was diagnosed with lumbar radiculopathy. Treatment included acupuncture with massage to the knees, which gave the injured worker relief and helped him function. Other treatment included anti-inflammatory drugs, muscle relaxants, proton pump inhibitor, topical analgesic ointment and activity restrictions. Currently, the injured worker complained of an acute exacerbation of cervical and lumbar spine pain with persistent left hip pain, knee pain and headaches. The treatment plan that was requested for authorization included acupuncture of the knees, cervical spine, lumbar spine, left elbow, hands and wrist for 12 sessions and prescriptions for Medrox ointment with 2 refills, Omeprazole DR 20 mg #90 with 2 refills, Ketoprofen 75 mg #90 with 2 refills and Orphenadrine ER 100 mg #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture of the knees, cervical spine, lumbar spine, (1) elbow, hands and wrists (x12):**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. ODG acupuncture guidelines recommend an initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. The request is not medically necessary as written, as it is for greater than the initial trial period.

**Medrox pain relief ointment with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**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, menthol and methyl salicylate. Per MTUS, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The IW has a diagnosis of lumbar radiculopathy, which is not an indication for use of Medrox ointment. Additionally, the concentration of capsaicin in the Medrox is greater than is recommended by MTUS guidelines. This request is not medically necessary and appropriate.

**Omeprazole DR 20mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to MTUS guidelines, it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There are no notations of risk factors for GI side effects in the progress notes. This request is not medically necessary and appropriate.

**Ketoprofen 75mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to MTUS guidelines, ketoprofen is indicated for osteoarthritis. Dosing of the regular release capsule is 50mg four times per day or 75mg three times per day (max 300mg/day). For mild to moderate pain: Regular release capsule 50mg every 6 to 8 hours (Max 300mg/day). The injured worker has chronic injuries with no change in pain level and no acute injuries reported. He has been taking NSAIDs for several months and there is no discussion of why chronic use of NSAIDs are indicated for this injured worker. The request is not medically necessary and appropriate.

**Orphenadrine ER 100mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**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.