MAXIMUS Federal Services

Case Number:	CM14-0123166		
Date Assigned:	08/08/2014	Date of Injury:	09/12/2011
Decision Date:	09/30/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on September 12, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 3, 2014, indicated that there were ongoing complaints of cervical spine pain, right elbow pain, hand pain, low back pain, and bilateral knees pains. The physical examination demonstrated tenderness along the cervical and lumbar spine paravertebral muscles with spasms and decreased range of motion. There was tenderness at the lateral aspect of the right elbow with decreased motion in extension. Examination of the hands revealed a positive Tinel's test and Phalen's test bilaterally, as well as reduced grip strength and decreased sensation in the median nerve distribution. There was a mild effusion and midline tenderness to the left knee. There was also tenderness to the joint line of the right knee and a positive McMurray's test. The injured employee's hips were tender at the bilateral greater trochanteric region. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a left knee surgery as well as physical therapy, splinting, cortisone injections, and oral medications. A request had been made for Norco 5/325, Docusate sodium, Medrox, and Orphenadrine and was non-certified in the pre-authorization process on July 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Hydrocodone (Norco 5/325 mg) (5 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

100 Softgels of Docusate Sodium 100mg (5 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 11th Edition (web), 2013, Chronic Pain Chapter, Opioid Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 77 of 127.

Decision rationale: The California MTUS Guidelines support the use of stool softeners such as Ducosate sodium for prophylactic treatment of constipation when starting opiate therapy. As the Norco is not considered medically necessary as above, the stool softener is not required. As such, this request for Ducosate sodium is not medically necessary.

1 Container of Medrox Pain Relief Ointment (2Refills): 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Medrox (Dendracin) ointment is a topical analgesic ointment containing Methyl Salicylate 20.00%, Menthol 5.00%, Capsaicin 0.0375%. According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. According to the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Medrox ointment is not medically necessary.

60 Tablets of Orphenadrine ER 100mg (2Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Orphenadrine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Orphenadrine is not medically necessary.