

<b>Case Number:</b>	CM14-0141030		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 63 year-old female with a date of injury of 2/25/2014. The patient's industrially related diagnoses include sprain and strain of the wrist, carpal tunnel syndrome, lumbar radiculopathy, internal derangement of knee, and sleep disturbances. The disputed issues are Medrox pain relief ointment with 2 refills, Norco 10/325mg #60 with 2 refills, Omeprazole 20mg #30 with 2 refills, and Orphenadrine ER 100mg #60 with 2 refills. A utilization review determination on 8/19/2014 had non-certified these requests. The stated rationale for the denial of Medrox ointment was "California MTUS regarding capsaicin notes it is recommended only as an option in patients who have not responded to or intolerant to other treatments. These conditions have not been documented for this patient. There has been no documented pain relief of functional benefit as a results of chronic use." The stated rationale for the denial of Norco was "there is no description of pain relief provided, such as VAS scores, and no indication of significant functional benefit or return to work. UDS date and results are not reported. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case." Omeprazole was denied because "the medical records do not describe the patient having gastrointestinal issues or GERD and the patient is not at risk for GI bleed or ulcer." Lastly, the stated rationale for the denial of Orphenadrine ER was "there is no significant functional benefit or pain relief noted with use of muscle relaxants. As there is no indication this patient is currently experiencing an acute flare-up of symptoms, ongoing use of this medication is not supported by guidelines criteria."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Pain Relief Ointment apply twice daily, two (2) refills: Upheld**

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

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

**Decision rationale:** Medrox is a compounded topical medication consisting of methyl salicylate, menthol, and capsaicin 0.0375%. The Chronic Pain Medical Treatment Guidelines on page 111 state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. Regarding capsaicin, the guidelines state, "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." Given the guidelines, the capsaicin component of Medrox at a 0.0375% concentration is felt to be experimental and not indicated for this injured worker's diagnoses. Chronic Pain Medical Treatment Guidelines clearly state that there is no evidence to indicate that this increased dosage would provide any further efficacy. Therefore, the request for Medrox is not medically necessary.

**Hydrocodone (Norco) APAP 10/325mg, one twice daily quantity 60, two (2) refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-80, 1203.

**Decision rationale:** Norco (Hydrocodone/APAP) is an opioid that is recommended for moderate to severe pain. With regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Within the documentation available for review, there is no insufficient documentation that the prescribed opioid is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding evaluation for possible aberrant use. As such, there is no clear indication for ongoing use of the medication. Based on the guidelines, the request for

Norco 10/325mg #60 (hydrocodone/acetaminophen) with 2 refills is not medically necessary. Although Norco is not medically necessary, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

**Omeprazole 20mg, one daily quantity 30, two (2) refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - GI symptoms & cardiovascular risk.

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

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI can be used. The following is used to determine if a patient is at risk for gastrointestinal events: "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)." Within the records available for review, there is no documentation that the injured worker has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Based on the lack of documentation regarding the issues listed above, the request for Omeprazole 20mg #30 with 2 refills (Prilosec) is not medically necessary.

**Orphenadrine ER 100mg, quantity 60, one twice daily, two (2) refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Orphenadrine the guidelines state, "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 drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In the submitted documentation, the injured worker has been taking Orphenadrine ER 100mg since as far back as April of 2014. However, the guidelines do not recommend the use of muscle relaxants on a chronic basis. There is no documentation of acute exacerbation of pain and on the physical exam the treating physician documents no spasms present. Furthermore, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Orphenadrine. It does not

appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Based on guidelines, the request of Orphenadrine ER 100mg #60 with 2 refills is not medically necessary.