

<b>Case Number:</b>	CM14-0144470		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Family 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:

This is a 42-year-old female with a 7/2/10 date of injury. The mechanism of injury was not noted. According to a progress report dated 7/15/14, the patient continued to have bilateral knee pain. She has been undergoing physical therapy, which was helping with strength and range of motion (ROM). Objective findings: cervical paravertebral muscles tender with spasms present, cervical spine ROM restricted, decreased ROM of left shoulder, bilateral wrists tender to palpation, ROM restricted in left and right knee, effusion noted bilateral knees. Diagnostic impression: internal derangement of knee, hypertension, carpal tunnel syndrome, derangement of joint. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 8/8/14 denied the requests for Medrox ointment, Omeprazole, Orphenadrine, Docusate, and Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Pain Relief Ointment #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 Page(s): 111-113.

**Decision rationale:** Regarding Medrox, a search of online resources identifies Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. There is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request for Medrox Pain Relief Ointment #30 with 2 refills is not medically necessary.

**Omeprazole DR 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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec)

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with gastrointestinal (GI) disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drug (NSAID) therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, because the initial request for Naproxen was not authorized, this subsequent request for NSAID-prophylaxis cannot be substantiated. Therefore, the request for Omeprazole DR 20mg #30 with 2 refills 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 Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most lower back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the records reviewed, this patient has been on Orphenadrine since at least 3/19/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Orphenadrine ER 100mg #60 with 2 refills is not medically necessary.

**Docusate Sodium 100mg #100 times 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate) Peer-reviewed literature 'Management of Opioid-Induced Gastrointestinal Effects: Treatment'

**Decision rationale:** The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. There is no documentation that this patient has complaints of constipation. In addition, there is no documentation that the patient is currently taking a medication, such as an opioid, that requires prophylaxis from constipation. Therefore, the request for Docusate Sodium 100mg #100 times 2 refills is not medically necessary.

**Naproxen Sodium 550mg #60 times 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the reports reviewed, there is no documentation of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Naproxen Sodium 550mg #60 times 2 refills is not medically necessary.