

Case Number:	CM14-0148285		
Date Assigned:	09/18/2014	Date of Injury:	08/30/2012
Decision Date:	12/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Internal 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 (IW) is a 52- year-old woman with a date of injury of August 30, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the most recent progress note in the medical record dated July 28, 2014, the IW complains of pain in her shoulders, neck legs, and lower back. She states that there has been no significant improvement since the last exam. She reports the pain has increased as a result of not getting medications. The medications allow her to do activities of daily living. Physical exam reveals paravertebral muscles are tender in the cervical spine. Spasms are present. Range of motion (ROM) is restricted. Anterior shoulders are tender to palpation. Impingement sign is positive. Lumbar spine paravertebral muscles are tender. Spasms are present. Motor strength and sensation are grossly intact. McMurray's test is positive bilaterally in the knees. The IW has been diagnosed with brachial neuritis or radiculitis, not otherwise specified; derangement of joint of the shoulder, not otherwise specified; carpal tunnel syndrome; lumbar radiculopathy; and internal derangement of the knee, not otherwise specified. Current medications include Naproxen sodium 550mg, Omeprazole Dr 20mg, Orphenadrine Er 100mg, and Capsaicin Quick Relief Gel 0.025-10%. Documentation in the medical record indicated that the IW has been taking Orphenadrine and Naproxen since at least December 2, 2013. The IW was taking Omeprazole in March of 2014. The provider noted that the IW does not have a history of ulcers. The Capsaicin prescribed April 22, 2014 was to be applied to the affected area BID. The body part intended for application is not indicated in the medical record. The documented treatment plan recommendations include medication, begin acupuncture, and await the Qualified Medical Examiner's report for review and to implement the recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Na 500 mg BID # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, NSAIDS, and Gastrointestinal Symptoms, Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAI.

Decision rationale: Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured worker is a 52-year-old who sustained an injury on August 30, 2012. In this case, the injured worker sustained carpal tunnel syndrome, lumbar radiculopathy, and internal derangement of the knee. The injured worker has been using Naproxen sodium since December 3, 2013. There is no documentation in the medical record reflecting objective functional improvement. Injured worker has been using Naproxen sodium well in excess of one year. Anti-inflammatory drugs should be used at the lowest dose possible for the shortest duration for moderate to severe pain. Consequently, absent the appropriate documentation regarding objective functional improvement, the request for Naproxen Sodium 500 mg b.i.d. #60 is not medically necessary.

Omeprazole DR 20 mg # 30, two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 68-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAI and GI Effects.

Decision rationale: Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain individuals who are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65, history of peptic ulcer, G.I. bleeding, perforation; concurrent use of aspirin or steroids; and high dose of multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker has been taking Omeprazole since the entry in the March 11, 2014 progress note. The injured worker has no comorbid conditions or past medical history compatible with the risks enumerated above. Specifically, there is no history of peptic ulcer, G.I. bleeding, concurrent use of aspirin etc. Consequently, there is no clinical indication for Omeprazole. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for Omeprazole DR 20 mg #30 with two refills is not medically necessary.

Orphenadrine ER 100 mg, # 60, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Muscle Relaxants.

Decision rationale: The guidelines recommend muscle relaxants with caution as a second line option for short-term treatment (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy diminishes over time and prolonged use may lead to dependence. In this case, a progress note dated December 3, 2013 indicates the injured worker was taking Orphenadrine as of that time. It is unclear whether the injured worker was taking this medication prior to that progress note. The guidelines recommend muscle relaxants as short-term treatment (less than two weeks). The injured worker was taking Orphenadrine for a prolonged period of time, well in excess of the guideline recommendations. Consequently, the request for Orphenadrine ER 100 mg #60 with two refills is not medically necessary.

Capsaicin Quick Relief gel 0.025-10% RF: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics.

Decision rationale: Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Capsaicin is recommended only as an option in patients with not responded or are intolerant to other treatments. In this case, the injured worker is being treated for brachial neuritis or radiculitis, crackle, syndrome, lumbar radiculopathy, internal duration of knee and arrangement of joint not otherwise specified shoulder. The treating physician did not indicate the location for application of the topical analgesic. The directions state applied to the affected area. Additionally, the injured worker was taking both opiates and muscle relaxants and, in the absence of the appropriate documentation, Capsaicin topical gel is not medically necessary. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, the request for Capsaicin quick relief gel 0.025 - 10% with two refills is not medically necessary.