

Case Number:	CM14-0168737		
Date Assigned:	10/16/2014	Date of Injury:	12/20/2008
Decision Date:	11/18/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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 Interventional Spine 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 61 years old female with an injury date on 12/20/2008. Based on the 09/10/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical sprain 2. Shoulder impingement 3. Carpal Tunnel Syndrome 4. Medial Epicondylitis According to this report, the injured worker complains of right knee pain and swelling. "The injured worker gastric complaint increase with pain of her knee." Physical exam reveals tenderness and spasm over the cervical paravertebral muscles and left lateral elbow. Cervical and left shoulder range of motion is restricted. Sensation is slightly reduced in hands and median nerve distribution, bilaterally. Impingement sign, Tinel's sign and Phalen test are positive. Exam of the left knee reveals a significant restricted range of motion and joint line tenderness. Positive erythema and moderate joint effusion is notes. Injured worker's current medications are Orphenadrine ER, Omeprazole, Medrox, Cidaflex, Norco, and Naproxen Sodium. There were no other significant findings noted on this report. The utilization review denied the request on 09/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/26/2013 to 10/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64, 63.

Decision rationale: According to the 09/10/2014 report by [REDACTED] this injured worker presents with knee pain and swelling. The treating physician is requesting Orphenadrine ER 100mg #60 with 2 refills. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates this injured worker has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Orphenadrine ER #60 with 2 refills and this medication was first noted in the 05/06/2014 report. Orphenadrine ER is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, the request for Orphenadrine ER 100mg #60 with 2 refills is not medically necessary.

Medrox Pain Relief Ointment with 2 refills: 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 Page(s): 111-113.

Decision rationale: According to the 09/10/2014 report by [REDACTED] this injured worker presents with knee pain and swelling. The treating physician is requesting Medrox pain relief ointment with 2 refills. Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound also contains Capsaicin 0.0375%, and MTUS for capsaicin states "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. " MTUS does not appear to support the use of 0.0375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The request for Medrox Pain Relief Ointment with 2 refills is not medically necessary.

Cidaflex Tablets #90 with 6 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chondroitin sulfate Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: According to the 09/10/2014 report by [REDACTED] this injured worker presents with knee pain and swelling. The treating physician is requesting Cidaflex tablets #90 with 6 refills. Cidaflex contains of Glucosamine sulfate and Chondroitin. Regarding Glucosamine, MTUS guidelines state "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." In this case, the injured worker does not meet the indication for Glucosamine, as he does not present with knee osteoarthritis. Per MTUS guidelines, the request for Cidaflex tablets #90 with 6 refills is not medically necessary.

Omeprazole DR 20mg #30 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 09/10/2014 report by [REDACTED] this injured worker presents with knee pain and swelling. "The injured worker gastric complaint increase with pain of her knee." Injured worker's current medications are Orphenadrine ER, Omeprazole, Medrox, Cidaflex, Norco, and Naproxen Sodium. The treating physician is requesting Omeprazole Dr 20mg #30 with 2 refills. Omeprazole was first mentioned in the 05/06/14 report; it is unknown exactly when the injured worker initially started taking this medication. The MTUS Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports show that the injured worker is taking Naproxen and has gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The request for Omeprazole DR 20mg #30 with 2 refills is not medically necessary.