

Case Number:	CM14-0029761		
Date Assigned:	06/16/2014	Date of Injury:	07/08/2011
Decision Date:	08/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 48-year-old female who reported an unknown injury on 07/08/2011. In a progress note of 11/14/2013, she reported an exacerbation of pain in her lower back and left knee. On 01/28/2014, a physical examination revealed tenderness of the paravertebral muscles of the lumbar spine with spasms. Her range of motion was restricted and straight leg raising test was positive on the left side. In the left knee, joint effusion was noted and the medial aspect of the knee was tender to palpation. McMurray's test was positive. Her diagnoses included lumbar radiculopathy, left knee internal derangement, left S1 radiculopathy, and left ACL tear, chronic. The treatment plan included continuation of a course of acupuncture and a refill of her medications, which included Norco 10/325mg, Omeprazole DR 20mg, Orphenadrine ER 100mg, Naproxen Sodium 550mg, Medrox pain relief ointment, and Zolpidem Tartrate 10mg. The rationale for her pain medications, in the note of 11/14/2013, stated that she continued to take her pain medications, which did help her symptoms. A request for authorization dated 01/28/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Hydrocodone (Norco) APAP 10/325: 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): 74-95.

Decision rationale: The California MTUS Guidelines attest that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. The recommendations included psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Ongoing review consists of documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or if the injured worker has improved functioning and decreased pain. Opioids have been suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long-term, greater than 16 weeks of efficacy is unclear, but also appears to be limited. Failure to respond to a time limited course of opioids leads to reassessment and consideration of alternative therapy. In most cases, analgesic treatment should begin with Acetaminophen, Aspirin and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. A major concern for the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period of less than 70 days. Long-term use may result in immunological and endocrine problems. There is no documentation in the submitted chart to attest to appropriate long-term monitoring, or evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Therefore, this request for 60 Hydrocodone (Norco) APAP 10/325 is not medically necessary.

30 Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Non-steroidal anti-inflammatory drugs or NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain. They are recommended as a second line treatment after Acetaminophen for acute

exacerbations of chronic back pain. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute lower back pain. NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain. A Cochran review of the literature on drug relief for low back pain suggested that the NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs have more adverse effects than placebo and acetaminophen but had fewer than muscle relaxants and narcotic analgesics. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain. There is no documentation of previously failed trials of Acetaminophen. There is no quantifiable evidence submitted of the efficacy of Naproxen to reduce this worker's pain or increase her functional abilities. Additionally, there was no frequency of administration included with the request. Therefore, this request for 30 Naproxen Sodium 550mg is not medically necessary.

30 Omeprazole DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines suggest that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. It should be determined if the injured worker is at risk for gastrointestinal events. The at risk group includes persons age 65 years or greater, those with a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID use. There was no documentation of any historical gastrointestinal events or risk factors and insufficient documentation submitted to enable a determination of this worker's proclivity for future gastrointestinal events. Additionally, there was no frequency of administration included with the request. Therefore, this request for 30 Omeprazole DR 20mg is not medically necessary.

60 Orphenadrine ER 100mg: 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 California MTUS Guidelines recommend non-sedating muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. In most low back cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant

medications. Muscle relaxants are supported for only short-term use. Chronic use would not be supported by the guidelines. Orphenadrine is similar to Diphenhydramine but has greater anticholinergic effects. The mode of action is not clearly understood. The effects are thought to be secondary to analgesic and anticholinergic properties. Anticholinergic effects, such as drowsiness, urinary retention, and dry mouth, may limit the use of the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. This worker has been taking this medication for longer than 6 months. This exceeds the recommendations in the guidelines. Additionally, there is no documentation of significant functional improvement with the use of this medication. Furthermore, there was no frequency of administration included with the request. Therefore, this request for 60 Orphenadrine ER 100mg is not medically necessary.

30 Zolpidem Tartrate 10mg: 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), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien®).

Decision rationale: Per the Official Disability Guidelines, Zolpidem is a short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The recommendations further state that the dose of Zolpidem for women should be lowered from 10mg to 5mg. Additionally, Zolpidem has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. This worker has been taking Zolpidem for longer than 6 months. This exceeds the recommendations in the guidelines, as does the requested 10mg dosage. Additionally, the request did not include frequency of administration. Therefore, this request for 30 Zolpidem Tartrate 10mg is not medically necessary.

Unknown Medrox Pain Relief Ointment: 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: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded in combination for pain control including Capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug, or drug class, that is not recommended, is not recommended. Medrox ointment consists of Methyl Salicylate 20%, Menthol 7%, and Capsaicin 0.50%. Capsaicin is available as a 0.025% formulation. There have been no studies to indicate that strength greater than 0.025% formulation would provide any further efficacy. Additionally, the request did not specify the body part to which the ointment was to have been applied or the frequency of application. Therefore, this request for unknown Medrox pain relief ointment is not medically necessary.