

<b>Case Number:</b>	CM14-0094866		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 39-year-old female, who has submitted a claim for lumbar sprain, carpal tunnel syndrome, anxiety and cervicgia associated with an industrial injury date of 01/24/2012. Medical records from 2014 were reviewed. Physical examination revealed lumbar paravertebral muscle tenderness with spasms. Cervical and lumbar spine range of motion is restricted. Straight leg raise test is positive bilaterally. Treatment to date has included oral medications and use of Medrox ointment. Utilization review from 05/30/2014 denied the request for Medrox ointment because documentation showed no significant benefit from use. The same review denied the request for Omeprazole because continued treatment with NSAIDs (Ketoprofen) as been discontinued. The request for Orphenadrine has also been denied because there is insufficient evidence that suggests that this medication has provided adequate pain relief and improved function. Finally, the request for Zolpidem titrate was also denied because documentation does not show that a diagnosis of insomnia has been made. Therefore, treatment is not necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox ointment x2 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 Salicylate topicals, Topical Analgesics Page(s): 105; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylates, Topical

**Decision rationale:** Medrox ointment contain: 0.0375% Capsaicin; 5% Menthol; and 5% Methyl salicylate. California MTUS Chronic Pain Medical Treatment Guidelines states that there are no current indications for Capsaicin formulation of 0.0375% as an increase over a 0.025% formulation would provide any further efficacy. ODG Pain Chapter also states that topical pain relievers that contain: Menthol, Methyl salicylate, and Capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS states that Salicylate topicals are significantly better than placebo in chronic pain. In this case, the patient was prescribed Medrox ointment since at least 05/13/2014. However, there was no documentation of functional improvement with Medrox use. Moreover, the capsaicin formulation content of Medrox exceeds guidelines recommendation. Therefore, the request for Medrox ointment x2 refills is not medically necessary.

**Omeprazole Dr 20mg #30 x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the patient has been on Omeprazole since at least 05/13/2014. The patient is not at intermediate risk for a gastrointestinal event, as she has not met any of the recommended guideline criteria. Therefore, the request for 60 capsules of Omeprazole Dr 20mg #30 x2 refills is not medically necessary.

**Orphenadrine Er 100mg #60 x 2 refills:** Upheld

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

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

**Decision rationale:** As stated on page 63 of the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are used as a second line option for short course treatment of muscle spasticity and spasms. In this case, the patient has been prescribed Orphenadrine since at least 05/13/2014. Medical records submitted did not include current signs, symptoms, and response to antispasmodics. The medical necessity is not established. Therefore, the request for Orphenadrine Er 100mg #60 x2 refills is not medically necessary.

**Zolpidem Tartrate #30 x 3 refills: 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)/ Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter-- Zolpidem

**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

**Decision rationale:** The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the patient has been taking Zolpidem since at least 05/13/2014. The documentation does not show progress reports that the patient complained of difficulty sleeping. The records do not show a diagnosis of insomnia. Moreover, there is no information to exhibit patient's sleep hygiene. Therefore, the request for Zolpidem titrate #30 x3 refills is not medically necessary.