

Case Number:	CM14-0096055		
Date Assigned:	09/15/2014	Date of Injury:	09/06/2013
Decision Date:	10/16/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 Occupational 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 applicant has filed a claim for chronic low back pain, knee pain, and foot pain reportedly associated with an industrial injury of September 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; trigger point injection therapy; electrodiagnostic testing of May 1, 2014, reportedly notable for chronic S1 radiculopathy; and work restrictions. In a January 10, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant apparently received a localized Celestone-Xylocaine muscular injection in the clinic. The applicant's work status was not clearly stated. On April 10, 2014, the applicant transferred care to a new primary treating provider (PTP). The applicant had been terminated, it was noted. The applicant had then went on to allege cumulative trauma and multifocal low back, knee, and foot pain with derivative complaints of depression reportedly associated with several years of work as a janitor. The applicant had comorbid hypertension and diabetes, it was acknowledged. The applicant was placed off of work, on total temporary disability, while topical Medrox, naproxen, Prilosec, and Norflex were endorsed. A knee brace was prescribed. There was no mention of issues with reflux or heartburn present. Electrodiagnostic testing was endorsed. In a later note dated May 8, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal pain complaints, including low back pain. Medrox, naproxen, Prilosec, and Norflex were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment (Methyl Salicylate 20%, Menthol 5%, Capsaicin 0.0375%), apply twice a day #1 with 2 refills: 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 Capsaicin topic. Page(s): 28.

Decision rationale: One of the ingredients in the compound is capsaicin. However, as noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended as an option only in applicants who have not responded to or are intolerant to other treatments. In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals before the capsaicin-containing Medrox ointment in question was selected. The applicant's ongoing usage of numerous first-line oral pharmaceuticals, including naproxen, for instance, effectively obviates the need for the capsaicin-containing Medrox ointment. Therefore, the request is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines notes that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes on file made no mention of reflux, heartburn, or dyspepsia, either in the body of the reports in question or in the review of systems section of the same. Therefore, the request is not medically necessary.

Orphenadrine ER 100 mg twice a day #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain, Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic. Page(s): 63,7. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine (Norflex) are recommended with caution as short-term option in the treatment of acute exacerbations of chronic low back pain. By implication, Norflex is not indicated for the chronic, long-term, and/or scheduled use purposes for which it is being proposed here, via the 60-tablet, two-refill supply sought. It is further noted that the request in question represents a renewal request. As noted on page 7 of the MTUS

Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. The attending provider has failed to recount any quantifiable decrements in pain achieved as a result of ongoing orphenadrine (Norflex) usage, nor did the attending provider describe any tangible or material improvements in function achieved as a result of the same. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of orphenadrine. Therefore, the request is not medically necessary.