

<b>Case Number:</b>	CM14-0211066		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and upper extremity pain reportedly associated with an industrial injury of June 13, 2014. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to approve a request for Medrox ointment, Naprosyn, Prilosec, Norco, Norflex, Ambien, and a home exercise kit of some kind. The claims administrator referenced an RFA form dated December 6, 2014, in its determination. Chiropractic manipulative therapy, it is incidentally noted, was approved. The applicant's attorney subsequently appealed. In a December 1, 2014 progress note, the applicant reported ongoing complaints of neck, low back and right extremity pain. The applicant developed ancillary complaints of depression, anxiety, insomnia, and sexual dysfunction. Chiropractic manipulative therapy was proposed. A home exercise kit, Medrox, Naprosyn, Prilosec, Norflex, and Ambien were endorsed, without any explicit discussion of medication efficacy. The applicant was placed off of work, on total temporary disability. An earlier note dated November 3, 2014, the applicant reported 7/10 shoulder, neck and low back pain. The applicant was asked to pursue physical therapy and acupuncture while remaining off of work, on total temporary disability. Ambien was refilled as of that point in time. In an earlier progress note dated July 8, 2014, the applicant was given prescriptions for Medrox, Norco, Naprosyn, Prilosec, and placed off of work, on total temporary disability. The applicant was described as having a negative past medical history, it is incidentally noted. There was no mention made of any issues with reflux, on this date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medrox Pain Relief Ointment with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Medrox topic

**Decision rationale:** As noted by the National Library of Medicine (NLM), Medrox is an amalgam of menthol, capsaicin, and methyl salicylate. However, capsaicin, the secondary ingredient in the compound, is not recommended except as a last line agent, for applicants who are intolerant to and/or intolerant of other treatments, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines. Here, there was no mention of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals, which would compel provision of the capsaicin-containing Medrox compound at issue. Therefore, the request was not medically necessary.

### **Hydrocodone (Norco) 5/3325mg # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. The attending provider's process notes contained little-to-no discussion of medication efficacy. There was no mention of any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Norco usage, which would have compelled further provision of the same. Therefore, the request was not medically necessary.

### **Naproxen Sodium 550mg # 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Management, Anti-inflammatory Medication Page(s): 7,.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, despite ongoing usage of Naprosyn. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider has failed to outline any quantifiable decrements in pain while material improvements in function effected as a result of ongoing Naprosyn usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Therefore, the request was not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, the provider progress notes contained no references to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Orphenadrine are indicated for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet, two-refill refill supply of Orphenadrine implies chronic, long-term, and/or scheduled usage. Such usage, however, is compatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Zolpidem Tartrate 10mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Ambien Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, the applicant had seemingly been using Ambien for a minimum of two months on or around the time of the refill. The long-term, scheduled, and highly usage of Ambien proposed here, thus, is at odds with the FDA label. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would support such usage. Therefore, the request was not medically necessary.

**Home exercise kit for cervical spine and shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 83, 309,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicant are expected to continue active therapies at home as an inspection of the treatment process. By implication, then, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines espouses the position that applicants are responsible for performing self-directed home physical medicine without the need for any specialized equipment. Similarly, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, the applicants must assume certain responsibilities, one of which includes adhering to exercise regimens. ACOEM likewise espouses the position that applicants must adhere to exercise regimens as a means of effecting functional recovery. Finally, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, also notes that back specific exercise machines are deemed "not recommended." By analogy, provision of an exercise machine for the neck and shoulder is likewise not recommended. Here, the attending provider's progress note failed to contain any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable MTUS positions on the article at issue. The attending provider did not clearly outline why (or if) the applicant was incapable of performing home exercises of his own accord. Therefore, the request was not medically necessary.