

Case Number:	CM14-0218263		
Date Assigned:	01/07/2015	Date of Injury:	12/11/2013
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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: Colorado

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:

This Is a 26 year old female with a work injury described as continuous trauma dated 12/11/2013 Progress report dated 12/02/2014 states there has been no improvement since last exam. The provider documents the injured worker (IW) is having worsening neck and lower back pain along with bilateral shoulder and arm pain. It is noted pain is worse since she is not undergoing any form of therapy. Physical exam of the cervical spine revealed spasm present in the paraspinal muscles with tenderness to palpation. Range of motion was limited. Lumbar exam also revealed spasm and tenderness to palpation of the paraspinal muscles. Impression was documented as cervical sprain, lumbar sprain/strain and headache. MRI of the lumbar spine dated 07/09/2014 and MRI of the cervical spine dated 07/11/2014 reports are present in the submitted records. Treatment plan requested authorization for the following: Medrox pain relief ointment, apply to affected area twice a day with 2 refills, Omeprazole DR 20 mg capsule, take one daily, Quantity 30, Refills. 2, Orphenadrine ER 100 mg tablet, take one twice daily, Quantity 60, with 2 refills. Acupuncture 3 times a week for 4 weeks for cervical spine, thoracic spine and lumbar spine On 12/18/2014 utilization review issued a decision as follows: Acupuncture request - The medical necessity of an initial six visits would be supported by guidelines; however, additional sessions would require documentation of analgesic response, functional/vocational benefit and associated reduction in medication use. The request was modified to certify a trial of six acupuncture visits for the cervical, thoracic and lumbar spine. Guidelines - CA MTUS - Acupuncture Medical Treatment Guidelines. Medrox request - Not recommended as there is no evidence to support use (neuropathic pain) and it is recommended

only as an option in patients who have not responded to or intolerant to other treatments. These conditions have not been documented for this patient. Recommended for non-certification. Guidelines - CA MTUS - Chronic Pain Medical Treatment Guidelines, Topical Analgesics. Omeprazole request - Documentation does not describe current GI symptoms or treatment and documentation does not describe risk factors for GI bleed to warrant prophylaxis. The request is recommended for non-certification. Guidelines - CA MTUS Chronic Pain Medical Treatment Guidelines, NSAID's, GI symptoms and cardiovascular risk. Orphenadrine request - There is no documentation of significant functional/vocational benefit with the use of muscle relaxants. Medical necessity is not supported. Guidelines - CA MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; 12 visits (3x4), cervical spine, thoracic spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints; Neck and Upper Back Complaints Page(s): 174, 300.

Decision rationale: According to the MTUS, invasive techniques (e.g., needle acupuncture) have no proven benefit in treating acute neck and upper back symptoms. For upper extremity complaints, most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. For low back complaints, acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success. Therefore, the request for acupuncture is not medically necessary or appropriate.

Medrox pain relief ointment, apply to affected area twice a day, refill:2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments. Page(s): 28-29, 41-42, 56, 111-112.

Decision rationale: According to the MTUS many topical agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox is a proprietary

topical compound containing methyl salicylate, menthol, and capsaicin. According to the MTUS, topical NSAIDs (methyl salicylate) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine and this medication has not been evaluated for treatment of the spine. Salicylate topical (methyl salicylate), it is recommended for musculoskeletal pain by the MTUS. It has been found significantly better than placebo in chronic pain. The MTUS provides criteria for capsaicin and methyl salicylate. Regarding capsaicin, it is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain only as an option in patients who have not responded or are intolerant to other treatments. There are no medical necessity criteria for menthol in the MTUS Chronic Pain Medical Treatment Guidelines. It is neither recommended nor not recommended. In this case, the request for Medrox is not medically necessary or appropriate because topical NSAIDs (methyl salicylate) have not been evaluated for treatment of the spine and there is insufficient documentation, regarding capsaicin that the worker has not responded or is intolerant to other treatments.

Omeprazole DR 20 mg #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 & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS states that omeprazole is used for patients at intermediate risk for gastrointestinal events and no cardiovascular disease during NSAID use and that long-term omeprazole use (> 1 year) has been shown to increase the risk of hip fracture. Omeprazole is used for treatment of dyspepsia secondary to NSAID therapy and to treat symptomatic Gastroesophageal Reflux Disease. In this case there are no documented symptoms of gastroesophageal reflux disease, gastritis, or dyspepsia secondary to NSAID therapy. In terms of prevention, the worker's risk profile appears to be low. According to the MTUS, those at risk for gastrointestinal events are as follows: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Therefore, the request for omeprazole is not medically necessary or appropriate.

Orphenandrine ER 100 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS, muscle relaxant medications are used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Muscle relaxants should be used

with caution as a second-line option for short-term treatment of acute exacerbations 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 show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Regarding Orphenadrine which is a drug similar to diphenhydramine, but with greater anticholinergic effects, the mode of action is not clearly understood and the muscle relaxant effects are thought to be secondary to analgesic and anticholinergic properties.