

<b>Case Number:</b>	CM14-0031371		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old male, who sustained an industrial injury on 10/31/2011. According to a progress report dated 02/11/2014, the provider noted that a hip injection significantly improved his symptoms. He was getting physical therapy. He was scheduled for hernia surgery and had also been seen in follow up with an orthopedist and urologist. Impression was noted as traumatic internal injuries status post colostomy bay removal, pelvic fracture status post repair and femur fracture status post repair. The treatment plans included surgery as authorized with named provider and continue medications as before. Medications included Medrox pain relief ointment, Hydrocodone and Orphenadrine ER. The injured worker was temporarily totally disabled for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription for Medrox ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents, capsacin, topical: Salicylate Topicals, Menthol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient was injured on 10/31/2011 and presents with lumbar spine pain as well as bilateral hip pain. The request is for an unknown prescription for Medrox ointment. The RFA is dated 02/11/2014 and the patient is on temporary total disability. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox is a compound topical analgesic that includes methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. MTUS Guidelines allows capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Medrox ointment contains 0.075% capsaicin, which is not supported by MTUS Guidelines. Therefore, Medrox ointment IS NOT medically necessary.

**Hydrocodone (Norco) 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; criteria for use of weaning medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 10/31/2011 and presents with lumbar spine pain as well as bilateral hip pain. The request is for Hydrocodone (Norco). The RFA is dated 02/11/2014 and the patient is on temporary total disability. The patient has been taking hydrocodone as early as 10/29/2013. MTUS Chronic Pain Medical Treatment Guidelines pages 88 - 89, "Criteria for use of opiates for long-term users of opiates (6-months or more)" states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78, criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested hydrocodone IS NOT medically necessary.

**One prescription of orphenadrine ER 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 10/31/2011 and presents with lumbar spine pain as well as bilateral hip pain. The request is for one prescription of orphenadrine ER 100 MG #60. The RFA is dated 02/11/2014 and the patient is on temporary total disability. The patient has been taking this medication as early as 10/29/2013. MTUS Chronic Pain Medical Treatment Guidelines pages 88 - 89, "Criteria for use of opiates for long-term users of opiates (6-months or more)" states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78, criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Orphenadrine IS NOT medically necessary.