

Case Number:	CM14-0038535		
Date Assigned:	06/27/2014	Date of Injury:	06/05/2013
Decision Date:	01/26/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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 injured worker is a 60-year-old female who reported an injury on 06/05/2013. The mechanism of injury was not provided for review. Her diagnoses were noted to include cervical spine strain, lumbar strain, left hip contusion, and greater trochanter bursitis, left knee internal derangement, and left ankle sprain. Her current medications were noted to include Medrox pain relief ointment, Hydrocodone (Norco) 5/325 mg, Omeprazole DR 20mg, and Naproxen Sodium 550mg. Her past treatment was noted to include medication and physical therapy. Her surgical history was noted to include left knee arthroscopy. Per the clinical note dated 03/03/2014, it was noted that the patient's symptoms persisted and she began her second course of physical therapy. The patient was still awaiting authorization for the requested MRIs. Upon physical examination of the cervical spine, the patient had paravertebral muscle tenderness and spasm. Range of motion was restricted. Motor strength and sensation was grossly intact. Deep tendon reflexes were normal and symmetrical. The lumbar spine paravertebral muscles were also tender. The patient had spasms and range of motion was restricted. Motor strength and sensation were grossly intact. Deep tendon reflexes were normal and symmetrical. Upon examination of the left hip the greater trochanter was tender to palpation and range of motion was slightly decreased in flexion/abduction. Upon physical examination of the left knee there were well healed arthroscopic portal holes about the left knee. Left knee effusion was noted and entire joint lines were tender to palpation. The left ankle was tender to palpation at the anterior talofibular ligament and range of motion was normal and sensation was grossly intact. The injured worker's current medications were not provided for review. The treatment plan was for Medrox pain relief ointment, hydrocodone, Omeprazole, and naproxen. The rationale for the request was not provided for review. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The request for Medrox pain relief ointment is not medically necessary. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Medrox contains Capsaicin, menthol, and methyl salicylate. In regards to Capsaicin, the guidelines state it is recommended only as an option in patients who have not responded or are intolerant to other treatments. In regards to methyl salicylate, the guidelines state salicylate topicals are recommended. Medrox may be warranted. However, within the documentation provided for review, there is no evidence of its efficacy. Additionally, there is no rationale for using the medication as opposed to supported alternatives. Therefore, the request for Medrox pain relief ointment is not medically necessary.

Hydrocodone (Norco) 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation Opioid treatment guidelines from the American Pain Society and the American Academy of Pain Medicine.

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

Decision rationale: The request for Hydrocodone (Norco) 5/325 mg is not medically necessary. The California MTUS Guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioids is contingent on the documentation of the 4 domains proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The four domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. This documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Therefore, due to lack of quantitative evidence indicating pain relief, increased ability to perform activities of daily living, adverse side effects, and the utilization of urine drug screens to monitor aberrant drug taking behaviors, the request is not supported. Therefore, the request for Hydrocodone (Norco) 5/325 mg is not medically necessary.

Omeprazole DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter; Food and Drug Administration (FDA)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole DR 20mg is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended for injured workers who are taking opioids in order to decrease risk for gastrointestinal complications or for those with complaints of dyspepsia related to NSAID use. Within the documentation provided for review, the injured worker was noted to be prescribed naproxen; however, there is no mention of ongoing gastrointestinal complaints or significant risk factors for gastrointestinal events. There is a lack of documentation of ongoing gastrointestinal complaints with nonsteroidal anti-inflammatory drugs to support the use of Omeprazole. Additionally, the frequency was not noted within the request. Therefore, the request is not medically necessary.

Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Naproxen Sodium 550mg is not medically necessary. The California MTUS Guidelines state nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. The injured worker was noted to have persistent symptoms and continue to take medication for her pain. There is a lack of documentation indicating significant pain relief or objective functional improvement with the use of naproxen sodium. As such, the medical necessity of naproxen is not established. Therefore, the request for Naproxen Sodium 550mg is not medically necessary.